I. INTRODUCTION

In 1995, the Center for Substance Abuse Treatment (CSAT) awarded funds to the Maricopa County Adult Probation Department as one of eight sites nationally to receive a Criminal Justice Treatment Demonstration Grant to develop an integrated and comprehensive system of care and supervision among criminal justice agencies, public health systems, and the community in the attempt to address the multi-faceted problems related to substance abuse and criminal behavior. These Criminal Justice Treatment Demonstration Grants were a product of the Healthy People 2000 initiative committed to achieving health promotion and disease prevention objectives, and the demonstration grants were related to the priority areas of Alcohol and Other Drugs and HIV Infection. The purpose of the program was to address these objectives by fostering closer coordination of criminal justice and public health systems, and addressing managed health care for community-based offender populations. Maricopa County's program, officially the Women's Treatment, Services and Supervision Network (WTSSN), or simply the Women's Network, was one of four sites nationally (together with New York, Philadelphia and San Francisco) to focus on the problems of women offenders.

This is a report and evaluation of the Maricopa County Women's Treatment, Services and Supervision Network. It outlines and assesses the many activities of the Women's Network as it sought to create a unique program within the social and political context of the criminal justice system(s) operating within Maricopa County. This report seeks to highlight the obstacles and challenges confronted by the Women's Network and by its leaders, the successes that were achieved, and the failures that occurred. The purpose of this report is to document the difficulties of developing and operating a

program like the Women's Network and to evaluate the impact of the Women's Network in meeting its stated objectives.

A. FEMALE DRUG USING OFFENDERS AND THE NEED FOR TREATMENT

At a time when there is a record number of adults incarcerated in state and federal prisons in the United States and a record number of adults under parole or probation supervision in American communities, the proportions who are women also continue to increase steadily. In 2002, nearly one-fourth of the probationers in the U.S. were women (U.S. Department of Justice, 2003). Moreover, female offenders and female probations are likely to be drug users. In a 1995 survey of adult women on probation, 68 percent reported past drug use (U.S. Department of Justice, 1998), and Arrestee Drug Abuse Monitoring (ADAM) data obtained in Phoenix and several other American cities routinely report that more than 60 percent of adult females are under the influence of one or more illegal drugs at the time of arrest (U.S. Department of Justice, 2003).

Women offenders also are likely to have other problems. Many suffer with mental health problems (e.g., depression and anxiety); some have psychiatric disorders (Henderson, Schaeffer and Brown, 1998; Jordan et al., 2002). Most women offenders have been the victim of physical and/or sexual abuse (Henderson, 1998; Snell and Morton, 1994). In addition, women offenders often have need for childcare, for medical and dental health care, and for assistance with housing and employment problems. It has become more evident in recent years that female drug using offenders differ substantially from their male counterparts in the range and scope of their treatment needs (Arfken et. al., 2001), and traditional methods of supervision and drug testing are proving to be largely unsuccessful in the treatment of women offenders (Chanhatasilpa et al., 2000).

Models of case management, supervision and treatment have shown some success in working with drug abusing female offenders (Jessup et al., 2001; Hanlon et al., 1998). According to Anglin et al. (1996), TASC case management programs have demonstrated success in keeping drug users in treatment and in reducing their subsequent drug use (but not in preventing new crimes). The most effective substance abuse treatment programs for women are found to be those which provide child care, prenatal care, women-only programs, supplemental services and workshops on women-focused topics, mental health programming, and comprehensive programming (Ashley et al., 2003).

The Maricopa County Women's Network emerged to provide a unique service: based on the evidence gathered from programs elsewhere, the Women's Network wished to offer a comprehensive and integrated program of case management, probation supervision and treatment services to adult, drug using female offenders. By working closely with local social service providers, the Women's Network sought to assess the needs of substance abusing female offenders and then provide the appropriate level of services needed to achieve positive individual outcomes.

B. THE MARICOPA COUNTY ADULT PROBATION DEPARTMENT'S WOMEN'S TREATMENT, SERVICES AND SUPERVISION NETWORK

The mission of the Women's Network was to create an integrated and coordinated system of assessment, supervision and delivery of treatment services for substance-abusing women which would reduce their criminal activity and substance abuse, improve their physical and mental health, and improve their living conditions (e.g., relationships, employment and housing). As designed, the Women's Network had goals:

1. Establish a uniform screening process to determine eligibility.

2. Create a centralized assessment center to determine service needs and establish an effective direction for both supervision and delivery of treatment and services.

3. Offer case management services to provide systemic continuity and to coordinate the delivery of treatment, services, and supervision.

4. Provide a continuum of services and supervision in jail or in the community.

5. Develop an interagency automated information system to capture and maintain data required to track participants and to measure and evaluate the program.

A sixth goal was to have an independent formative evaluation that would examine both process and impact and provide timely feedback that would inform decision regarding Network policy and practices.

The "program" consisted of four distinct stages of processing: screening, assessment, intake and case management, and program termination.

Screening: A woman is first screened for eligibility. Clients were contacted at several entry points and become clients if they meet eligibility criteria. To be eligible, the women must volunteer, have an identified substance abuse problem, be formally charged, and must live within the designated catchment area. Those who were deemed eligible were referred to assessment. Screening and eligibility determination was done by staff from the Pretrial Services Agency and the Adult Probation Department.

Assessment: An automated assessment was conducted by a TASC, Inc. staff member. Immediately after the assessment, most woman were notified that they were accepted into the Network and referred to intake; a small number of women who were

randomly selected to be placed in evaluation's control group were referred to their probation officer.

Intake and Case Management: Women who were referred for intake were contacted by the case management team for intake. At the time of intake, the team consisted of a case manager, employed by TASC, Inc., and a probation officer. Over time, the team could expand to include representatives of other service providers. At intake, a client-specific plan was prepared and the client began to receive the Network's program of services and supervision. Case managers and assessors were responsible for each woman's experience in the Women's Network, but they also were responsible for the data collection and for automating those data in the Management Information System. The Management Information System (MIS) was developed and maintained by TASC, Inc.

Termination: Network services and case management was available for a maximum of one year, at which point the participants were considered to have successfully completed the program. Much like a school graduation, Achievement Ceremonies publicly and collectively heralded and reaffirmed those women who completed the program.

C. THE EVALUATION PLAN

The evaluation team monitored program development and its processes and also conducted its own independent outcome study. The process evaluation is intended to measure and evaluate the development of the Network and to document the unique characteristics of the Women's Network. The process evaluation was used for internal evaluation and for comparison with other demonstration Network sites.

1. The Focus of the Evaluation

The research design was formative rather than summative as a means of providing timely and constructive feedback to the Network Project Manager and to the Network's partners. Evaluation provided input and feedback into the development of the Network during the planning, implementation and operation phases of the program; included stakeholders in important measurement, data collection, and data analysis decisions; and was actively involved in the development of the MIS. Evaluation also worked with NEDTAC and CSAT to achieve comparability with other sites in terms of cross-site variables and their collection.

The evaluation design incorporated qualitative and quantitative measures to assess the process and the impact of the Network. Evaluation sought answers to two general questions regarding the Network's ability to deliver the prescribed services for the drug involved female offender. These questions are:

- Was the Maricopa County Women's Network designed, implemented, and operated in a manner consistent with CSAT's program guidelines and expectations for criminal justice treatment networks?

- Did the Network provided female offenders with a broader and more systematic use of services than would occur in the absence of the program?

2. Evaluation Design

This first question is important because conclusions can not be made about the effectiveness of a comprehensive and integrated Network of services without first

verifying that the program in operation conforms to the design for a Network program. Addressing this question required a documentation study of the planning, coordination, implementation and maintenance activities during the project, with special attention to program direction, structural arrangements, coordination, and communication among the participating agencies; the range of services made available; the inclusion of all salient program components; the maintenance and use of valid MIS records; and the identity of problem areas and barriers to implementation. This documentation analysis is the focus of Section II of this report.

The second question required an analysis of the Network's ability to assess and provide case management to those who enter the program. Specifically, evaluation examined the Network's ability to assess the treatment needs of female drug using offenders, and the Network's ability to provide case management services and to coordinate the delivery of treatment, services and supervision. In sum, these two issues are part of a third, and larger question, "Did the Network develop an integrated network of service providers to offer a continuum of services and supervision? In short, the question is "Did the Network Work," which is the focus of Section III of this report.

In addition, the second research question calls for an examination of the impact of the Women's Network on program participants. A random assignment procedure immediately following assessment placed more than one-third of the women into a control group (who received whatever level of supervision and services would normally fall to them as pre-sentenced or post-sentenced offenders); the other two-thirds of the women were referred by the assessor for intake into the Women's Network. Immediate determination of random assignment to the Network allowed women to know if they are

in the program before leaving the assessment, and it reduced the amount of time between assessment and intake.

Using both self-reported information obtained from the women in interviews conducted one year following assessment and official probation and arrest records for the two years following assessment, the social and criminal justice outcomes of the control group are compared to those women who were assigned to the Women's Network. The findings of these analyses permit evaluation to address the question "Did the Treatment Work" and they are presented in Section IV of this report.

D. THE CHANGING CONTEXT

Before addressing the two major evaluation questions identified above, it is important to note how social and economic contexts in Arizona and nationally influenced the project with regard to the availability of social services and other "social resources." While a major goal of the project was to "deliver" services to women participating in the Women's Network, many of the key services that were desired (e.g., medical and dental care, family services, transportation, and housing) simply are in short supply in Arizona for those who are poor or who have a criminal history. This general absence of important services was exacerbated during the project when ComCare (the major provider of services) declared bankruptcy and was taken over by the state. Many services were interrupted for months until another provider, ValueOptions (a for-profit RBHA), resumed service delivery.

Such changes and shortages challenge any effort to deliver services to a population that has been drastically underserved. Indeed, at one Advisory Committee meeting (Oct. 9, 1997), it was suggested that judges should order dentists and other

service providers who come through the court system to perform these types of procedures as part of their community service hours.

Another important state impact was the passage of Proposition 200 in 1996 that called for treatment and intervention (rather than incarceration) for first and second time drug offenders. This created more funding and demand for services at a time when the Network was beginning to fully implement its program. The consequence was that it created a larger number of vendors available to provide drug treatment to probationers, but it also created a much larger number of probationers who were eligible to receive that treatment. Nationally, the so-called "Welfare Reform" act reduced certain kinds of support that may have benefited many of the Network's clients.

II. THE PROCESS EVALUATION: DOCUMENTING THE PLANNING, IMPLEMENTATION AND OPERATION OF THE WOMEN'S NETWORK, 1995 - 2000

A. INTRODUCTION

The evaluation team observed and documented the Network's efforts to plan, implement and operate its program, focusing especially on emergent issues, various adjustments, and impacts on the criminal justice system. The process evaluation began in October 1995, when critical programmatic decisions were being made and linkages formed, and continued throughout the implementation and operational phases until June, 2000. The process evaluation depends heavily on the Women's Network MIS developed by the Women's Network, on-site observations, interviews with key stakeholders, and interviews with participants and eligible non-participants of the Women's Network.

The Women's Network developed or evolved throughout its five years. Many of these changes involved the social context as well as the organizational adjustments that accompany most partnership efforts such as this. Accordingly, the focus of the process evaluation also shifted over the years. The first year of the Women's Network evaluation focused on the planning process and the development of the program and its community linkages. During the second year, evaluation focused on the actual implementation and the flow of clients. Monitoring client flow throughout the first two years allowed for the identification of barriers and problems in the program design and implementation. The focus in years 3, 4 and 5 continued to monitor the Network's operation: its recruitment and retention of clients and changes in the design of the program. During this period, but

especially during years 3 and 4, evaluation examined the program's ability to identify problems and barriers in the client process flow and its ability to adjust to those barriers.

B. BECOMING OPERATIONAL

The Women's Network program developed through three phases that involved planning, implementation, and maintenance. The basic structure was developed, committees organized, agencies recruited, service providers contracted, and clients served. This overview will be followed by a description and analysis of the committee and organizational structure and changes, case flow process, and relevant issues in meeting this goal.

1. Planning Phase

Planning began with the notification of funding and lasted for approximately one year. During this time, several critical tasks were established to reach goals for implementation. The stated goals for the first year were to:

- Recruit and train program personnel

- Create and facilitate an Advisory Board and internal committees

- Develop a Management Information System

- Develop data instruments

- Establish a uniform screening process

- Create a centralized assessment center

- Design the case management system

With one notable exception, all goals were met in this phase. The Management Information System (MIS) took much longer than anticipated to design and make operational. The first two components of the MIS, which were to automate and retrieve

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screening information and assessment data, were completed and operational in November 1995. The third and most critical component of the MIS, necessary for case management and to monitor treatment services, was not operating until late in 1996.

2. Implementation Phase

In the Network's second year, program implementation was initiated and the program was operating near its targeted capacity of 300 clients by the end of the year. The program underwent design changes in the recruitment of participants but these changes did not affect program integrity or compliance to CSAT guidelines.

The Women's Network began recruiting participants in October 1996. However, it was agreed by evaluation and the Program Director that randomization of clients to a non-treatment control group would be suspended for the first few months as a means to increase the number of clients to the targeted capacity. It also allowed the Network staff time to routinize their operations and procedures before random assignment would begin. Randomization began on May 15, 1997 using a 50-50% proportion assigned to treatment and control, but on July 9, 1997 the proportion was changed to a 70% treatment group assignment versus 30% control group assignment, as originally proposed.

During early implementation, the Network continued to develop its established partnerships and to create new partnerships by identifying service gaps and then contacting agencies to fill these gaps. Agencies which could provide housing, legal services, medical and dental services, substance abuse treatment, education, and job skills training were sought, and the list of referral sources increased as program staff and Network partners developed these new agencies and services. Also, the Network continued to develop partnerships that would bring clients into the network, most

prominently the Maricopa County Drug Court and the Arizona Department of Corrections.

The MIS system continued to be a major problem well into the implementation phase of the Network's existence. The MIS has been created during the planning phase to accept and record assessment data, but the ability of the MIS to record case management data was delayed. Part of the delay was the extensive list of items and response categories provided to the local site by NEDTAC, the cross-site evaluators. Not only did they require the collection and automation of an enormous amount of information, but local efforts to build the MIS to record these data were undermined by the cross-site evaluator's repeated changes in the required data elements. Well into the second year, and with no MIS system in operation, it appeared that the local MIS was going to be based heavily on the HATTS program from the HIDTA Project, which was presented at a March, 1966 cluster meeting in Bethesda. The Network anticipated using the logic of the HATTS system in the development of treatment tracking, but the HATTS system continued to have problems and appeared to be inoperative for local MIS needs. As a result, the Network created its own MIS system during the third year.

When completed, the MIS consisted of several components. Built using the NEDTAC variable list as a foundation, screening, assessment, intake and case management components were created. The data were collected by line staff using laptops and desktop computers and were maintained by the Network MIS Coordinator.

By the end of the implementation phase, the assessment instrument had been revisited and refined by clinical staff. Case management components of the MIS, such as case staffing and case plans, continued to develop and improve. Elsewhere, strong lines

of routine communication were established between the Network partners, the treatment community, and criminal justice agencies. At this time, the Network was providing services and supervision to a large number of women (but never to its targeted capacity of 300 at a time).

3. Operational Phase

The Network was fully operational (with the exception of the MIS system) by the end of the planning and early implementation phases. During the final years of the Network, new points of entry were identified as a means to extend the services to others who would benefit from such a program and to shore up the number of clients receiving services. New service providers also were sought and referrals were made. Staff turnover continued to be a problem, especially among assessors and case managers, because the turnover created short-term vacancies and lapses in consistency. Ongoing training of new staff (both in terms of the tasks and in terms of the data entry required of the positions) became a constant concern. There also was a change in personnel at the top as the Project Director was replaced and the position of Assistant Project Director was created.

C. ORGANIZATION OF THE NETWORK

The Project Director is a full-time position that was filled by an existing staff member at the Maricopa County Adult Probation Department. The Project Director was responsible for all operations of the Network and for coordinating with the consortium agencies and treatment providers. The Maricopa County Adult Probation Department and the Arizona Department of Health Services oversee and assist the Project Director. Ms. Marilee Dal Pra was the first Project Director and she remained in that position until October 1998, when Ms. Robin Hoskins succeeded her. In July 1998, CSAT allocated

funding to "hire an assistant project director to manage the daily operations of the Network." Accordingly, a new position of Assistant Project Director was created and filled by Ms. Paddy McDonagh, who took responsibility for the operations and program development of the Women's Network to allow the Project Director to focus her efforts on larger issues of sustaining the program, exploring program expansion and building new partnerships.

1. Network Partners

The Women's Network program consisted of a core group of partnering agencies that actively support, and in some cases, provide services to Network clients. The majority of these partnering agencies were partnered with the Network since the beginning of the grant in October 1995 and most remained very involved with the Network. The partnering agencies have been the Network's most supportive advocates and have been involved with the planning, implementation, program maintenance and improvement and, in the last year, they have been active members in the Strategic Planning Coalition. These partnering agencies are:

- Arizona Department of Health Services

The Arizona Department of Health Services (ADHS) is the single state agency that monitors the grant budget. The representative from ADHS has been involved at every phase since the initial planning and continues to be involved in strategic long-range planning.

- Maricopa County Adult Probation Department

The Women's Network program was housed and directed by the Maricopa County Adult Probation Department. The Project Director, Deputy Project Director,

Administrative Assistant, and all probation officers for the Network were employed by the Adult Probation Department.

- TASC, Inc.

TASC, Inc. provided clinical staff for (1) assessment of Network clients, (2) case management, and (3) program development. TASC also developed and maintained the (4) MIS system for the Network. In addition, TASC was contracted to (5) provide all required drug testing. These formal arrangements provided TASC with a strong voice in the planning and operations of the Network and TASC remained an active participant in strategic long-range planning.

- Maricopa County Sheriff's Office

The Maricopa County Sheriff's Office provided substance abuse treatment and services to many Network clients incarcerated in the jail via its ALPHA program. The Sheriff's Office also coordinated with Network staff and local evaluation to accommodate assessments and other data collection activities that occur within the jail.

- Pretrial Services Agency

Pretrial Services Agency provided screening services and PSA supervision of clients when necessary.

- Maricopa County Adult Drug Court

Drug Court referred all eligible clients to the Women's Network program and collaborated with the Network case managers on clients' referrals and services.

- Arizona Department of Corrections

The Arizona Department of Corrections entered into an agreement near the end of the Women's Network Project to collaborate and coordinate services with the Network for ADOC parolees.

- Arizona State University

Arizona State University was contracted to be the local evaluator. As such, it worked with the Project Director and MIS Coordinator to establish critical features of the Network's planning and implementation, it provided ongoing feedback to Network staff, and it conducted an independent evaluation of the Women's Network while working with NEDTAC to provide the information needed for the cross-site evaluation.

- Health Care Providers

The new Regional Behavior Health Authority (RBHA), ValueOptions, was more willing to work collaboratively with the criminal justice population than was ComCare, the former RBHA. Representatives from ValueOptions attended meetings with criminal justice stakeholders and leaders of the Maricopa County Adult Probation Department and met often with the Network Project Director and Assistant Director to discuss the specific needs of Network clients. ValueOptions also invited the Network Project Director to attend and make presentations about the Network at those ValueOptions meetings where its providers were present.

2. Committee Structure

The Women's Network committees evolved, merged, and changed over the course of the project. These changes reflect awareness of new problems and the necessity to incorporate different "actors" with varied perspectives. While not all committees were
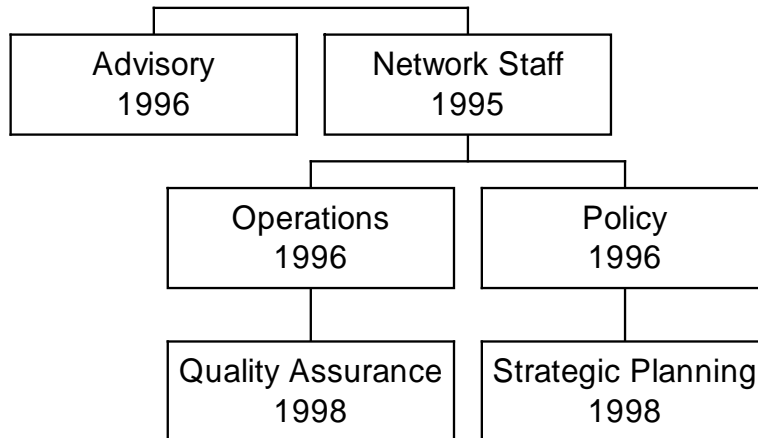
equally effective, the Project Directors recognized this and helped make the transitions needed to more effective decision-making entities.

    a.   Local Coordinating Committee

Formed immediately after the grant was awarded, the Local Coordinating Committee met monthly during the planning phase of the Network. Members included the Project Director and top-level representatives from TASC, Pretrial Services Agency, Maricopa County Sheriff's Office, Arizona Department of Behavioral Health, and the local evaluation team. This committee concerned itself with designing the final form of the Network program, with the identification, assessment and recruitment of eligible clients, with identifying and addressing potential implementation problems, and recruiting new partners needed to fill existing gaps in service coverage.

The Local Coordinating Committee also created two other committees. One is the Network Staff Committee, designed to bring together those staff-level personnel who would be implementing the Network program, and the Advisory Board, designed to provide a means of bringing representatives from the private sector and the public sector together to address critical needs of the Network. The Local Coordinating Committee was officially terminated after the first year, when the planning phase was concluded, and additional committees were formed over time. The structure of the various committees, and the year each committee was formed, is outlined in the following organizational chart:

Women's Network Committees

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                    ┌──────────────────────────┐
         ┌──────────┤                          │
┌────────┴────────┐ ┌──────────────────┐
│    Advisory     │ │  Network Staff   │
│      1996       │ │      1995        │
└─────────────────┘ └────────┬─────────┘
                    ┌─────────┴─────────┐
           ┌────────┴────────┐ ┌────────┴────────┐
           │   Operations    │ │     Policy      │
           │      1996       │ │      1996       │
           └────────┬────────┘ └────────┬────────┘
           ┌────────┴────────┐ ┌────────┴─────────┐
           │Quality Assurance│ │Strategic Planning│
           │      1998       │ │       1998       │
           └─────────────────┘ └──────────────────┘
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The timeline for each of these committees is graphically summarized in Figure 1.

   b. Network Staff Committee

The Network Staff Committee meetings began in September 1995 and included the

Project Director and the MIS Coordinator until January 1996, at which time membership

was expanded to include the director of the local evaluation and the supervisory level

staff from the jail program, the lead probation officer, the lead case manager from TASC,

and the program adviser from TASC. Active only during the planning phase, the purpose

of the Network Staff Committee was for its members to design the process and

procedures to assure that clients would be processed into and through the Network

efficiently and effectively.

   Once the Network began accepting clients into the Network, the Network Staff

Committee was dissolved and two new committees were formed to address the new

issues and barriers now facing the operational Women's Network. The Operations

Committee and the Policy Committee were formed in October 1996.

Figure 1 on this page

c. Operations Committee

The Operations Committee consisted of the same persons who had comprised the Network Staff Committee, with the addition of all the front-line workers such as case managers, probation officers, and jail staff. The aim was to provide staff with an opportunity to discuss the flow of cases, disseminate program and MIS information, re-evaluate established program procedures, and identity current gaps and or barriers hindering the successful completion of the program. The Operations Committee met monthly to discuss barriers and problems to operations and any unmet needs of the Network's participants. Among the topics of concern were (1) increasing the number of participants, (2) decreasing the amount of time between the steps of the program, (3) identifying gaps in service, and (4) securing services in the community. However, the most important aspect of this committee was the opportunity to open communication for line staff from the different agencies. In this forum, line staff from the jail, probation, case management, and the treatment community could identify problems and work towards solutions together.

d. Policy Committee

The Policy Committee focused on planning and policy issues. Its membership included Network staff and Network partners from criminal justice, treatment providers, and the community. Membership consisted of the Project Director, the MIS Coordinator, evaluation, and top-level administrators and supervisors from principal agencies and Network partners, including TASC, the Maricopa County Attorney's Office, the Office of the Public Defender, Pretrial Services Agency, the Maricopa County Sheriff's Office, the

Court Administrator of the Maricopa County Superior Court, the State Department of Behavioral Health, and the Regional Behavioral Health Authority.

The Policy Committee met quarterly to discuss managerial planning and policy issues that directly or indirectly affected the Network. The Policy Committee members were instrumental in planning, organizing and facilitating the first Women's Network Treatment Summit in 1998, and a second Treatment Summit in 2000. Among the issues addressed by the Policy Committee were those of organizing and conducting cross-training for jail staff and treatment staff, opening new entry points to increase the number of participants, procuring needed services for the participants that were not foreseen (i.e., substance abuse treatment when the Regional Behavioral Health Authority went bankrupt). The Policy Committee was similar to the Operations Committee in its importance in opening communication lines between intra and inter-criminal justice and treatment agency administrators.

e. Advisory Committee

The Advisory Committee began meeting in March 1996 and met quarterly through the duration of the grant period until it was combined with the Maricopa County Community Punishment Advisory Committee. The role of the Advisory Committee was to actively participate in matters of contractual decisions and policy issues, and to insure the necessary community support. During the planning phase, the Project Director charged this committee with advising the Network, specifically the Local Coordinating Committee, in matters of budgeting and contracts and anything that involved the greater community. The Advisory Committee consisted of representatives from business, religious, and other community groups, and most had experience as community outreach

liaisons for their company or agency. When the Advisory Committee was designed, it was thought that this committee would provide the opportunity for the community to take an active role in the treatment of Women's Network participants by providing resources and assistance at both an operational and policy level.

However, this committee was unable to establish a clear agenda and had only vague goals. Meeting only briefly each quarter, the membership failed to become a cohesive group and failed to identify short-term or even long-term goals to focus their efforts. Review of the minutes and evaluation notes from March 1, 1996 to January 7, 1999 indicates that attendance at meetings was uneven, and that the committee was finding its way. Most of the agenda (written and discussed) consisted of the Project Director disseminating information about the Network's progress to date and responding to questions from ill-informed or new members of the Advisory Committee. Matters pertaining to policy issues, oversight, and community support were discussed infrequently and any continuity in these discussions was undermined by the fact that the committee met for only an hour or two each quarter. Indeed, the relative inability of the members to meet more regularly may well have undermined whatever positive value might have been gained by their high profile and active involvement in the community. It is evident that the there was not enough time during these meetings to cover all the issues or for the members of the committee to form a cohesive group.

Another reason for the Committee's inability to effectively advise the Project Director was a general misunderstanding or lack of knowledge of the substance abusing women offender population and their needs. A great deal of time during the meetings was used to educate the Committee members about this population. Community

members and agency representatives did not seem to have a clear idea about how their agency or organization fit in with the Network or what they could do to help.

To involve these community representatives as much as possible, the Advisory Committee evolved over time into a group to procure items and services to be used as rewards and recognition for successful Network participants, and it continued in this role until its merger into the Maricopa County Community Punishment Advisory Committee.

f. Quality Assurance Committee

The Quality Assurance Committee was created as a subcommittee to the Operations Committee in March 1998. The Operations Committee, which involved all line staff, was thought to be too big to effectively address specific issues, so the Quality Assurance Committee was formed as a problem-solving team. This committee was established to "increase communication among project staff and to set timeframes and provide accountability for the resolution of barriers." It met monthly and consisted of project staff "from all levels of Network operations." This team consisted of the Project Director, Assistant Project Director, MIS Coordinator, lead assessor, lead case manager, lead probation officer, and a representative from the evaluation team. Members met on a monthly basis to identify and dissolve barriers in the service delivery system and in the continuum of care. The committee provided staff training and development, expanded community resources, monitored and evaluated data management and collection. The Quality Assurance Committee was a very focused team of line staff who addressed specific problems and barriers.

g. Strategic Planning Committee

The Strategic Planning Committee evolved from the Policy Committee; stated more directly, it became an extension of the Policy Committee. The Strategic Planning Committee, created as a result of a recommendation from the Women's Network Treatment Summit in 1998, was designed to expand case management, the continuum of care, and the supervision components of the Women's Network. "The Focus of the meetings will be to establish goals to improve the collaboration between criminal justice and treatment providers in an effort to work toward achieving the integration of criminal justice and treatment services in the community" (July 9, 1998). The creation of the new position of Assistant Project Director enabled the Project Director to focus energies on the "big-picture" issues of integrating the Women's Network model into mainstream criminal justice and substance abuse treatment practices. As the CSAT funding was ending soon, the Committee also concerned itself with locating and securing future funding and other issues of sustainability.

Members of the Strategic Planning Committee included the Project Director and top-level administrators from the Maricopa County Superior Court Administration, the Pretrial Services Agency, the Arizona Department of Corrections, the Maricopa County Sheriff's Office, TASC, the Maricopa County Juvenile Probation Department, the Maricopa County Adult Drug Court, the Administrative Office of the Arizona Supreme Court, ValueOptions (the Regional Behavioral Health Authority), and the Governor's Office.

D. NETWORK RESPONSES TO CHANGE

1. Staff Turnover

Any project that relies on numerous workers over a prolonged period of time will experience turnover, and the Women's Network was no exception. Figure 2 shows the "turnover" during this project. Between September 1996 and December 1999, a total of 36 changes in the 50 positions in the project (not all were positions the entire period), including the Project Director and Administrative Assistant. There were changes in 7 of 13 Case Managers and 9 of 14 Probation Officers. Only four people were with the Network throughout the four years that the Network was operational: the MIS Director, one pre-trial officer, one jail program staff member, and one case manager. Another eight people worked in the Network for 40 months, ten people continued for 28 months, and seventeen people worked in the Network for 16 months.

The Maricopa County Adult Probation Department reassigned three probation officers and three presentence writers to work with the Network. A specialized Pretrial Services Agency officer was hired to ease the burden imposed by the extra paperwork, and an administrative assistant to the Project Manager was added. In addition to these initial appointments, several dozen workers were involved with the Women's Network, ranging from a replacement Project Director, a new administrative assistant, assessors, case managers, jail program staff, and probation officers. These positions do not include the numerous employees who worked for other service providers (e.g., ComCare).

The most "fluid" positions were assessors, case managers and probation officers. Moreover, in a few instances the positions were left vacant for several months, with one assessor position vacant for a year. The CSAT Project Director was Ken Robertson, who had been a visible and strong presence during the planning and early implementation

Figure 2 on this page

Figure 2 continues on this page

phases of the Network, but Mr. Robertson left his position in June, 1997, and the new CSAT Project Director maintained only the most minimal contact with the Network thereafter.

Any on-going program can and should anticipate turnover of staff and prepare a smooth transition of newly hired staff into these key positions. When positions are unfilled for long periods, when new staff members are untrained, and when supervision of work quality is low, then problems will result. Other research has shown that staff turnover disrupts project continuity, including service delivery, data collection, and overall confidence in the study design. The Network was no exception, and problems did arise due to the turnover of key staff. The absence of assessors reduced the ability of the Network to provide timely assessments and created a "bottle-neck" in the process that occasionally resulted in the loss of eligible clients. The failure to provide standardized and uniform training to all new staff (especially assessors and case managers) resulted in a breakdown of the automated data system, either because the new personnel were not entering the data uniformly or because they were not entering the data at all. This problem became so visible that a Quality Assurance Committee was created during the third year to meet bi-weekly to discuss data quality issues and other problems.

2. **Committee Responses to Obstacles and Opportunities**

Any program that develops over period of years and that expects to provide exceptional service to a large number of clients must adapt to new information, insights, and problems. This requires discussion with others who are committed to and heavily involved in the project; when a number of people are involved in the activity, formal training and much communication is required if procedures or policies are to be changed.

The committee structure of the Network was designed to (1) identify problem areas (2) at various programmatic levels and (3) move efficiently to (4) respond with appropriate changes. With varying degrees of celerity and effectiveness, the Project Director and her committees were able to anticipate some problems, recognize others as they arose, and respond in a manner that further strengthened the Network's programmatic goals. The extent to which the Network's committees were able to do this is reflected in a number of specific cases drawn from four of these committees.

 a. The Network Staff Committee

Minutes of the meetings, evaluation notes, and some other materials reflect good communication and an ability to work together to define key tasks, develop plans, review and make adjustments, and train others. A major focus of this committee was to define and clarify the nature and process of case management. Also, this committee played a big part in the name change, as reflected in the Network Staff Meeting Minutes of August 26, 1996: the Maricopa County Women's Treatment, Services, and Supervision Network, or WTSSN, was changed to Women's Integrated Network of Growth and Support Services, or WINGSS. Importantly, it was the project staff that came up with this new name. This was an important symbolic step.

A strong example of the efforts to adjust to changes and to new information was the Committee's decision that the Project Director, Marilee Dal Pra, should conduct in-service training of those officers that had been provided by Pretrial Services Agency. These PSA officers represented a critical point of recruitment into the Network, and it was apparent to the Committee that inadequate and incorrect information was being delivered by these PSA officers to eligible offenders.

A flexible process of adding people and allocating resources was apparent throughout the life of this committee. For example, the Minutes for the meeting of May 12, 1997 note that a discussion occurred regarding the inability of the Network to reach its stated goal of 300 women in treatment. The discussion also discussed possible adjustments in the current procedures that might improve these numbers. This discussion was captured in the minutes, as noted:

"However, an additional case manager will be hired within the next couple of weeks to relieve some stress from the case mangers. She (Dal Pra) added she anticipates acquiring another probation officer position in July. . . Marilee Dal Pra informed staff of the need to improve the referral and tracking of clients in the pretreatment and relapse groups. Procedures need to be set and communication improved so the group counselors will know who should be attending each group… The committee discussed innovative ways to interact with more clients on a frequent basis. The probation officers going into the pods and speaking with all Network clients instead of just their own clients was mentioned, as well as case managers scheduling 'coffee talk sessions' with a large group instead of trying to deal with each woman on an individual basis."

A program like this must adjust to numerous unanticipated problems. The Women's Network took steps to promote client motivation and participation. For example, the Project Director recognized that some kind of recognition and rewards would be necessary to keep women encouraged to stay in the program. Recognitions came to be defined as verbal support, while rewards were to be more tangible, actual benefits or activities that women would appreciate. The timing and procedures for distributing these evolved over time, and the information and discussion that helped this

develop came through staff feedback, followed by open reflection in meetings. According to the Minutes from August 4, 1997, of the Operations Committee:

"The Network will be purchasing a large quantity of gift certificates from various discount stores, beauty supply stores and restaurants within the next few weeks to be used for the rewards component of the Network. It is critical that the rewards are distributed appropriately so as not to be a hindrance to recovery. Rewards must be directly related to the case staffing and may only be distributed upon the staffing team's approval. However, recognitions may be given at any time at the discretion of the case manager."

The nature of the discussion concerning emergent issues depended in part on the format and organization of the meetings. Records from minutes of meetings and other materials suggest that the Network acted proactively to improve communication. As communication issues began to emerge over the course of several meetings, an important adjustment was made for future meetings to be certain that both operations and communications were examined and improved. Minutes from August 25, 1997: "Marilee Dal Pra announced that future operational meetings will set aside one-half hour for operational issues and the rest of the meeting will focus on communication issues. The committee will be redefining and developing innovative approaches to improve communication. Marilee asked the committee for feedback on topics to be addressed. Experts can be brought in to address the specific topics, if necessary." And they were.

In addition, minutes of meetings (subsequent Minutes in 1997) and other documents indicate that the committee focused attention repeatedly on the need for continued staff training and for revisions of manuals, guidelines, and other documents for case managers (which were periodically reviewed and updated).

Organizational adaptation reflected a creative, problem-solving process. As the Project moved through the early period of implementation, it became more apparent that the tasks of day-to-day operations, and of making appropriate adjustments and recommendations, along with system-wide integration and impacts, were simply too great for one position. So, an additional position was sought and granted. Minutes from July 6, 1998 indicate that CSAT approved funding to create an "Assistant Project Director" position for the Women's Network The position was created to assume the responsibilities of the day-to-day programmatic operations of the Network, thus freeing the Project Director to spend more time working on issues of policy and sustainability.

b. The Quality Assurance Committee

A review of minutes from meetings held between March, 1998 and October, 2000 reveals a clear focus on addressing programmatic issues. Indeed, issues were identified and tasks were assigned at the first meeting. For example, records for March 12, 1998 show the following:

"Jeff [a case manager] was appointed to head a subcommittee of QA that will oversee services and identify service gaps. Jeff reported that so far, service gaps have been identified in the areas of employment, education, and housing. There seems to be a lack of knowledge about potential housing on the west side. On the east side, halfway houses are limited and there is legislation that is attempting to put harsher limits on establishing any new halfway houses."

For the next two years, committee members reported on other service providers and on housing availability. From the Minutes, July 27, 2000:

"Mr. Schwartz [Case Manager and Assessment Supervisor] reported on a new program called New Horizons in the West Valley and stated that they would like to offer gender-specific treatment but do not have an active group at this time... he also noted that the overview of gender-specific groups is continuing and all appears to be going well. Both Sage and Desert Winds have had some difficulty in keeping gender-specific groups." These and other providers were monitored over the next several months, and changes were offered so that they would be providing services that were consistent with the Network orientation.

The committee also responded to needed changes in procedures. First, they improved the client orientation process by making it more concise. They amended and improved a case management training manual, and they proposed a process for systematic review. According to their minutes of the meeting on April 30, 1998: "Larry Sideman suggested a quarterly or semi-annual review of the manual to ensure the information is updated regularly."

The "Assessment team" responded to evaluative data showing there was an extensive delay between assessment and intake and acted to reduce the time significantly, which had the effect of increasing the number of clients who appeared for intake. From minutes for May 25, 2000: "The numbers still appear to be declining from the assessment to the intake of clients. It does appear though that the pretrial assessments have increased dramatically and the women are being given good information about the Network."

Case management assessors oversaw staffing activity in order to make necessary organizational and training changes to enhance efficiency and consistency. Such

oversight also entails the accountability of case managers. For example, in September, 2000, it was clear that Ms. Robin Hoskins, the Project Director, was not pleased with the "significant declines in Network enrollment," and noted that her earlier request for the Quality Assurance Team some five months earlier was not getting the desired results. The minutes (September 26) reflect her emphasis: "This is unacceptable and more effort needs to be made from the assessor activities to bring appropriate clients into the Network. Myron Schwartz will require assessors to keep a calendar outlining how their time is spent daily, to track more systematically how the assessment process may have been hindered, and what could be done to correct it."

    c. The Strategic Planning Committee

Review of minutes from May, 1998 to November, 1999 reveals good communication and information exchanges. The agendas were substantive and usually included reports about topics from the previous meeting(s), updates on program changes, and discussion of 2-3 key topics, followed by an action plan to be presented at the next meeting. One of the most important topics covered, including strategies, was the availability of medical and dental services from the local RBHA when ComCare was replaced with ValueOptions, a for-profit provider. This is an important collaborative achievement for the Network and its partners. Other accomplishments include getting Arizona's Department of Corrections to become a "point of entry" for women to participate in the program, and for various criminal justice agencies to begin "absorbing" at least part of the expense of network staff, including probation officers and case managers. The "outreach" to the community through a newsletter was important, as were the two "treatment" summits.

The impact of the Network on collaboration is suggested in Minutes of July 20, 1998: "Prior to the implementation of the Women's Network project, collaboration did not exist among the various criminal justice entities. The Network's collaborative efforts were responsible for bringing the first in-jail substance abuse treatment program (i.e., ALPHA) to the Maricopa County jail system. Also, the Pretrial Services Agency has received unprecedented treatment monies as a result of the Network involvement. PSA will now get involved in the treatment of pretrial clients whereas before they were strictly a criminal supervision agency."

The Network, largely with the help of this committee, was successful in collaborating with criminal justice agencies and with integrating their services. A key "missing piece" had been the Department of Corrections, but in the Minutes of the Strategic Planning Committee (February 29, 2000) it was announced that the Department of Corrections had "officially opened" as a new entry point into the Network and that (a parole officer) has been appointed to work with the Network at this entry point for new clients.

Getting agencies to assume some of the costs of the Network staff positions was also important for the integration and sustainability of the project. The Strategic Planning Committee Minutes (February 29, 2000) reflect the financial commitments:

"Robin Hoskins reported, as of July 1, 2000, the Sheriff's office will absorb all Sheriff's Office Network positions. She requested that Pretrial Services absorb a Case Manager position by 7/1/2001. Drugs Court has included a Case Manager position in a new grant proposal. Robin Hoskins recommended that at least half of the MIS Coordinator's salary be absorbed by 7/1/2001, and Barbara Zugor [Executive Director of

TASC] agreed to review the budget and take a look at the possibility of absorbing this cost. It appears that the integration process is working well and it is Ms. Hoskins hope that there will be more integration of positions being absorbed by our partner's in the future."

   d. <u>The Policy Committee</u>

Reviewing the minutes from January 1997 to January 1998 shows that the Policy Committee focused on working with the CSAT administrator, applications for future funding, implementation problems such as not having enough women being assessed for the program, and planning the "treatment summit" to communicate with care providers. Minutes from April 17, 1997 indicated that the CSAT Project Officer [Mr. Ken Robertson] planned to make quarterly visits. At his second visit (August 28, 1997) he recommended that more clients be added from the Drug Court and that ADOC be brought in as another point of entry for clients.

A good example of the process of adjustment appears in Minutes for August 28, 1997: "A screening procedure will be in place before the next policy meeting for maintaining the Network population once the maximum of 300 clients is reached. Project staff is still working on finding ways to motivate the pretrial population to participate in the program. The project director is considering placing an assessor at the Madison Jail Central Intake Unit to introduce pretrial women to the program before they are released to the community." This reflects a flexible structure and a willingness to reallocate resources to deal with a systemic problem that had only recently been discovered.

E. CASE MANAGEMENT AND CASE FLOW

Between the time the Network began accepting clients into the program in September, 1996, and the end of the evaluation data collection in January, 2000, the Network screened a total of 3,612 women. Most of these women were screened while in jail (n = 1,652) following arrest or while under Pretrial Services Agency supervision (n = 1,552); the Drug Court contributed 198 women, the Arizona Department of Corrections accounted for 25 women, and an additional 185 women were serving a probation sentence. Of the total of 3,612 women who were screened for eligibility, 1,752 were eligible for the Network and were assessed for treatment. Of the 1,752 women who were assessed, 224 entered the Network during the earliest dates of its operation (prior to the random assignment procedures), 207 entered the Network during the latest dates of Network operations (when ADC parolees were accepted but after the randomization procedure had been terminated) and 105 entered from Drug Court. In addition, random assignment placed 790 women in the Network, and another 438 were assigned to the control group. In total, then, there were a total of 1,752 women assessed for the Network, of which 438 were assigned to a control group and 1,326 entered the Network.

The leadership of the Women's Network was challenged by several daunting tasks. First, the Network was faced with the task of coordinating and integrating criminal justice agencies that did not have a long history of working together and had to overcome some organizational culture resistance that often precludes cooperation between "treatment" and "custody" segments of the criminal justice system. Second, the Network leaders had to establish criteria and a process for selecting clients to receive the Network services, as well as a process to assign clients to the Network (i.e., the

"experimental group) and to the control group. Third, the Network had to develop research protocols for collecting and analyzing data (i.e., the Management Information System). Fourth, the Network had to construct a "network" of service providers. Fifth, the program called for client assessments of treatment needs and the delivery of appropriate services to those clients. Finally, the Network was responsible for designing and monitoring the entire operation. These various tasks are reflected in the planning and adjustments that produced case management and case flow.

Although critical adjustments were made in repeated efforts to remedy this problem, recruiting and retaining the targeted capacity of 300 clients was a problem of implementation throughout the life of the Network. Recruitment efforts included the addition of new points of entry. As originally designed, all clients would enter via a preliminary screening conducted by Pretrial Services Agency staff at the time of booking in the County jail. Over time, the Network added several new entry points. Among the first were the Drug Court clients (March, 1997) and the sentenced population serving time in the jail (April, 1997). In March, 1998, eligibility was extended to include the Pretrial Services Agency's supervised release populations. Three months later (June, 1998), eligibility was extended to include any female probationers who had been on probation for 90 days or less. Finally, parolees under the supervision of the Arizona Department of Corrections (ADOC) became eligible for Network services in the final year.

Given the constant problem in recruiting and retaining clients, the voluntary nature of the program was a recurring topic of discussion. Many women who volunteered for the program at preliminary screening would fail to appear for assessment, and many

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of those who were assessed would fail to appear for intake or would postpone and reschedule intake over a prolonged period. Even those women who appeared for intake could, and often did, drop out prior to program completion. The effect of the voluntary nature of the program was felt in different ways, leading the Network to respond to case flow problems at different points in the system. In the first year of implementation, for example, it took an average of 28 days to process a client from assessment to case management (see Section III). Evaluation's review of the process triggered much discussion by the Policy Committee and the Operations Committee, leading to a number of suggestions for changes in the referral process by the assessor to intake, for providing some services to the clients prior to intake, and for additional staffing. One year later, the average time between assessment and intake had been reduced to 16 days.

F. MEETING PROGRAM GOALS

The Network established four primary program goals. Each is discussed in turn below.

1. Establish A Uniform Screening Process To Determine Eligibility

The Maricopa County Pretrial Services Agency (PSA) originally was identified as the only entry point for possible Network clients. A specialized Pretrial Services officer was hired in January, 1996 to work specifically with the Network in identifying Network-eligible offenders being processed through the formal booking procedures at the jail.

 PSA staff were responsible for determining eligibility, recruiting possible Network clients, and capturing specific data during the interview for evaluation purposes. To respond as efficiently and accurately as possible to these responsibilities, certain areas needed to be developed, including a uniform screening procedure to determine Network

eligibility, a process to notify the court of a woman's eligibility and a means to capture data elements both for evaluation and for tracking a woman's status within the criminal justice system. Using the weekly Network Staff meetings, the Network's own PSA officer designed forms, with input from other staff and evaluation, to capture the necessary data at pretrial and to document the flow of clients at the pretrial stage.

Each newly arrested female offender was interviewed by a Pretrial Service officer. Those who meet the initial eligibility criteria (volunteers who have an identified substance abuse problem, and who live in the catchment area) were given information and a consent form to be signed. The consent form was sent to the Network administrative assistant, who entered data from the pretrial interview into the Network MIS and then continued to track each offender through the criminal justice system. Only after the County Attorney's Office filed the charge(s) against the offender did the administrative assistant process the information to the next stage. At this point, the woman was referred to assessment.

The process to determine eligibility and to refer to assessment evolved during the weekly Network staff meetings with all pertinent Network staff members present. Input was received from all members. The Project Manager directed the meetings and staff members actively participated in the development of the process and procedures.

Several logistic obstacles were identified during the planning phase. One of the obstacles involved the means by which judges would be notified that a woman is eligible for the Network. It was decided in the Network staff meetings that a woman's initial appearance file will be stamped "WTSSN Eligible," thus enabling judges to recognize a

woman's eligibility. The Project Manager met with judges sitting on the criminal bench to discuss this matter and successfully obtained their approval.

Another logistic obstacle that arose was how a Pretrial Services officer would determine whether or not a woman lives in the catchment area. This determination needed to be done quickly so as not to upset or slow down PSA interviews. Several options were explored and it was decided among Network members to provide special booklets to PSA interviewers to assist them in determining if a woman lives in the catchment area by using the woman's zip code.

A further problem arose when it became apparent in early implementation that Pretrial Services may not be able to provide enough women to meet the desired capacity of 300 clients. During the planning phase, it was difficult to project the number of women that would meet the eligibility criteria and volunteer. In case the number could not be supported by PSA, the Project Director designed an alternate entry point into the Network: eligibility would be extended to those women who had been convicted but who were awaiting a sentencing hearing. Effectively, this gave each woman a "second chance" to volunteer for the Network, with the thought that the women may be more willing to volunteer at this critical point in time: they have been convicted, and volunteering for the Network may be seen as a means to receive a more favorable sentence for their offense. The Project Director worked very closely with Network staff and Adult Probation's pre-sentence writers to "craft" the process by which eligible women would be identified and recruited at this entry point.

2. Create A Centralized Assessment Center To Identify Client Needs

Assessments occurred at one of two locations. Incarcerated clients were assessed in the county jail and clients in the community were assessed at TASC's offices in central Phoenix. Network assessors were hired, trained, and supervised by TASC. The initial proposal called for three assessors: a lead assessor was hired in November, 1996 to participate in the planning phase and two more assessors were hired in September, 1997 immediately prior to implementation. During the early months of implementation, several important events occurred which demonstrated a need for remedial action. Among these were the need for greater training of the assessors by evaluation and the Project Director to assure that all assessors were consistent in how they were coding client responses and to assure that each assessor was completing the entire assessment and developing the suggested case plan.

The clinical staff at TASC and the Project Director agreed to use the Addiction Severity Index (ASI) instrument for Network assessments. The ASI has been used for assessing women in the ALPHA program since its beginning, and revisions have been made based on its use with a female population to make it more sensitive to that particular population. The ASI, in combination with dimension levels defined by the American Society of Addiction Medicine, produces a comprehensive treatment/case plan and still meets the needs of evaluation. Several revisions or additions were made to the assessment protocol itself to reflect the needs of evaluation.

Trust and cooperation between criminal justice organizations is challenging, partly because their missions differ. This became apparent with the Public Defender's office. During two of the three presentations about the Network given by the Project Director, adult probation department's presentence writers raised concerns about the

confidentiality of the information obtained in the assessment. The presentence writers wanted to know if they could use the information in their report, but they acknowledged that the information could be used in ways both positive to and detrimental to the client. That is, the presentence writers indicated that they would include all information relevant to making their recommendation, even that information which might result in a less favorable outcome for the client. Further, the presentence writers indicated that any knowledge they had that a woman in the Network had relapsed would also be used against her.

In response, the Public Defenders Office was concerned that the information in the assessment or early case management would be made available to the presentence writers or to other criminal justice agencies and be used against their clients. If assessment information were to be shared, the Public Defenders Office would recommend to their clients that they not participate in the Network. The Project Director contacted the Public Defenders Office during the third quarter of the first year to gain their support through coordination and involvement on policy and operational matters. She explained that the specific information contained in the assessment is confidential and reassured them that only summary information would be used across criminal justice agencies. This seemed to satisfy the Public Defenders Office.

3. Offer Case Management Services

The Women's Network contracted with TASC, Inc. to provide the case management component for the Network. The design for case management was developed early, but it continued to evolve as the Network began processing clients. The design called for the assessor to develop a preliminary case plan following the

assessment, and for a more final case management plan to be developed by a team comprised of the assessor, the case manager and the probation officer, with input as needed from other TASC clinical staff. The goal of the case management plan was to provide continuity in the delivery of treatment, services and supervision.

During the planning phase, case management focused its efforts toward developing a comprehensive client tracking and progress monitoring case management model. This included a uniform process to reward and sanction behaviors of clients, the coordination of treatment and ancillary services and the capture of data elements for case management and evaluation. It was decided that case managers would be responsible for automating all data into the MIS system. Due to the delay in developing an operational MIS system, however, hard copy (i.e., paper) forms were used for the first year. The number of case managers was increased over time as the number of Network participants increased.

One of the issues to arise during the early implementation of the Network focused attention on assigning responsibility for urinalysis (UA) testing. Pretrial Services voiced a concern over who would pay for the urinalysis tests and who would own the results of these tests. The Project Director explained that the Network would pay for its clients' tests and therefore the Network had the responsibility to share the test results with its partners. To further simplify the testing process (both for payment and for feedback of results) each Network client was assigned a special identification code for TASC's use and reporting.

Another issue to arise early in the planning and implementation stage of the Network was the fact that there had been so little integrated partnering of service

providers or of criminal justice agencies with service providers previously. In the absence of any prior coordinated effort among criminal justice agencies or treatment providers (especially ComCare), these agencies tended to view one another with some degree of suspicion. Providers often were competitors and were reluctant to share information, and neither providers nor criminal justice agencies were willing to rely on one another's assessments of client needs.

This lack of trust created problems for the Network. One problem was that referrals by probation officers were suspect because it was widely believed that probation officers lacked specialized substance abuse training.   In addition, there was potential for a conflict because the providers conduct their own assessment of Network clients and this assessment may differ in important ways from that completed by the Network. An ancillary issue was the potential conflict of interest that arises whenever the provider, who is funded based on the number of clients it serves, is inclined to refer clients to their own treatment to secure funding.

The reluctance to "partner" was most visibly evident with Pretrial Services. PSA was skeptical of the Network and was a reluctant and overly cautious "partner" in its dealings with the Network during the planning phase. For example, PSA resisted (but later complied) when the Program Director requested minor additions/revisions to the PSA interview. Further, the representative from PSA seldom attended meetings of the Network's major committees; when in attendance, the PSA representative rarely contributed to the discussion and almost always distanced himself physically from the other members (i.e., he sat in a chair against a back wall rather than among those seated around the conference table) and typically left the meeting well before it was adjourned.

Overall, however, the efforts at an integrated, team approach to case management appear to have been successful. Probation officers worked closely with TASC's case managers in planning and implementing the case plan for the Network's clients. Probation officers relished the opportunity to provide services and to "lean on" case managers as a supplemental resource. Similarly, case managers acknowledged the benefits of input from probation officers.

The most persistent problem was the constant turnover of case managers and probation officers. The turnover of probation officers is consistent with the rotation policy of the probation department; the turnover of case managers was simply a matter of individuals seeking employment elsewhere. Turnover creates two major problems. One is that it often creates a short-term vacancy in the client's case management team. The other is that the shared knowledge, the formal and informal working relationships and the cohesion of the team is disrupted for an extended period as a new case manager and/or probation officer is brought into the Network and acquires the philosophy and the strategies of the Network's case management approach.

Of course, this turnover also necessitates constant training and continuous oversight to assure that new staff members uniformly maintain case management files and automate the mandated data elements into the MIS system. The problems that emerged, while typical for any new personnel, suggest that the training by TASC was inadequate. Among other problems, the most notable were that new staff received insufficient information about community resources for clients, they systematically failed to record information in client files, and they demonstrated both an unwillingness and an inability to maintain automated MIS.

4. Provide a continuum of services and supervision

The planning phase was a period of establishing communication and coordination among social service agencies, criminal justice agencies and other sectors of the community. Toward this end, the Project Director met with representatives from the public health and the mental health sectors, social service agencies, criminal justice agencies and a number of treatment providers to begin coordination efforts. The Project Director focused on obtaining a broad spectrum of relevant services, both treatment and ancillary, through already existing resources. She met with governmental (state, county, and local) and social service agencies that provide services such as health and family services, HIV assistance, childcare, and job and vocational training.

During the planning phase, the Network was expected to identify potential treatment services and to build a network with treatment providers to furnish an efficient means of providing effective treatment. Toward this end, the Project Director worked with ComCare, the regional behavioral health authority that contracted with a wide variety of substance abuse providers and other treatment providers in the Phoenix area, to provide AOD treatment to Network clients. The Network's goal was to use already existing resources to provide a continuity of services, including substance abuse treatment, to Network participants. Some areas of extreme need for women were identified, but services to fill these gaps have been scarce or altogether nonexistent for quite some time. For example, public transportation in Phoenix and its surrounding area consists solely of buses, which have proven to be unreliable. Medical care, mental and behavioral care, and family assistance are largely unavailable for Network clients.

During the planning phase the Project Director began to develop a wide range of partnerships with social service agencies to offer Network clients comprehensive services. Contact was made with several agencies, including the State Department of Economic Security (DES), the Maricopa County Department of Public Health (MCDPH), the Center Against Sexual Abuse (CASA), and the Literacy Centers located in all the Daily Reporting Centers. She arranged meetings with representatives from the different departments within these agencies that have a vested interest in the Network client population. The context of most of these meetings was to provide an introduction to the Network and to establish communication between the Network and each agency. All of the agencies seemed to be willing to cooperate and work with the Network. The following is a sample of the meetings with DES and MCDPH.

a. Department of Economic Security

The Project Director arranged a meeting with the Department of Economic Security (DES) to present the concept and goals of the Network, to discuss services offered and to explore a potential partnership with the Network. Many departments within DES were represented at this meeting, including representatives from Family Assistance Administration, Child Care, Rehabilitation Services, and Jobs Opportunities and Basic Skills. Specifically, this meeting focused on child care issues. It was discovered that DES provides generous child care assistance to those who are eligible.

While DES is a resource-rich agency, it was noted that certain barriers can make the resources difficult to access. The first of these barriers is simply ignorance about the existence of relevant DES programs. DES is a large agency with many different administrations. In the meeting it was revealed that it is difficult to keep track of the

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many different divisions and programs within DES and with the new and changing services that are available. In fact, it was interesting to observe that many of the DES representatives also were using this meeting to share information about new programs among themselves. A second barrier pointed out by DES is the application procedure. Many people were not familiar with the forms used by DES and needed assistance in completing and filing these forms. DES stated that it would be crucial for Network case managers to be kept current on programs offered by DES and to be knowledgeable about how to assist their clients in completing the application forms.

        b.   Maricopa County Department of Public Health

Several meetings were held with the Maricopa County Department of Public Health (MCDPH) to introduce the Network and to explore a potential partnership with the Network. The Project Director met with the HIV/AIDS Health Education and the Family Division to become familiar with the sharing of confidential information. It was determined that certain measures would need to be addressed for the sharing of this information. Representatives from MCDPH were very cooperative and enthusiastic about developing a partnership with the Network. During the meeting, one of the representatives from MCDPH suggested that all the providers gather together at one table so everyone would know who is involved and the roles would be clear. The Project Director invited MCDPH to all pertinent meetings, including the Policy Committee meetings.

G.   THE MANAGEMENT INFORMATION SYSTEM

A management information system (MIS) had to be developed, and this proved to be very difficult. It was more difficult by the fact that many of the agencies did not use

common protocols and by the fact that there was no existing organizational foundation for sharing data. A brief discussion of the MIS process will be followed by some illustrations of how MIS, case management and service delivery had to be integrated.

In general, the goal of the MIS was to provide an integrated information system to capture and maintain data required to track Network participants and to measure and evaluate the program. It would link the various agencies and departments to a client-based data file, thereby allowing case managers, assessment team members and supervising officers to update and query a common data repository.

More specifically, several goals were outlined in the MIS plan to coincide with the implementation of the Network, with special attention on those MIS functions needed at the beginning stages of the program. These goals included:

- Capturing data at screening, intake, clinical assessment and treatment at a location convenient to the individual inputting the data.

- Sharing information among participating agencies in a timely and accurate manner and allowing for simultaneous access to the information.

- Tracking the client through the Network via query and reporting facilities.

- Providing evaluation data for local and cross-site outcome and services measurement.

- Compliance with Federal and State laws and regulations governing access, maintenance, and dissemination of AOD patient and criminal justice records.

The MIS was addressed almost immediately during the planning phase of the Network. The MIS coordinator was hired soon after the planning phase began and he

devoted his full attention to developing the MIS. Because there was no existing MIS

system in use by either the Adult Probation Department or by TASC, the Network's MIS

system had to be developed almost entirely "from whole cloth." The MIS, however, did

not lack for guidance.

A finalized set of data elements was provided by CSAT through its cross-site

evaluator, NEDTAC, during the third quarter of the planning phase. Further, MIS worked

closely with evaluation to (1) identify data elements needed for local evaluation; (2)

automate the assessment instrument and to create a means of hard drive storage and

subsequent retrieval for the assessment data; and (3) create a means to obtain and display

on the computer monitor, immediately following the final question as part of the

assessment, a randomly selected number which would determine whether the client was

placed in the control group or referred to intake. Additionally, evaluation and the Project

Director worked closely with MIS to assure the inclusion of data elements necessary for

smooth and efficient case management.

The MIS continued to be developed during the planning phase, but software and

implementation problems delayed the MIS system. At the CSAT meetings in Bethesda in

March, 1996, the HIDTAS HATTS system was presented for consideration and possible

adoption by each of the sites, and the Maricopa County Women's Network MIS

coordinator thought that this could be of use for this site. As a result, the Network

anticipated using the logic of the HATTS system in the development of treatment

tracking. However, the HATTS system continued to have problems that prevented it

from being adopted locally and, as a result, the Network created its own MIS system.

Based largely on the extensive array of data elements required by the cross-site

evaluators (NEDTAC), but also designed to accommodate the needs of local case managers and local evaluation, the MIS continued to evolve and improve over time.

Using the weekly Network staff meetings, the development of the MIS was shared among Network staff. It was divided into the four components of screening, assessment, case management and treatment. Each of these components was examined closely and repeatedly to understand the workflow design which laid the groundwork for the MIS development.

In each of the four phases the processes and procedures were documented and the essential forms to be used for the flow of clients were either created or, if they already existed, revised to meet the needs of the Network. This documentation laid the foundation for the MIS. Two revisions were made in the screening process in order to improve data quality. First, the background information form used during the PSA interview was revised to include new questions regarding a woman's substance abuse. Second, PSA interviewers were trained by the Project Director to obtain clients' eligibility criteria.

In addition to its purpose as a method to record both the cross-site and the local evaluation data elements, the larger purpose of the MIS was to be an efficient and employable means of case management to be used by assessors, case managers, probation officers and other Network staff who would use the system on a routine basis. While it never quite achieved that objective, it did serve the minimum needs expressed by the case managers.

H. SUMMARY

In sum, the Network was designed, implemented, and operated in a manner consistent with CSAT's program guidelines and expectations for criminal justice treatment networks. Notwithstanding the initial problems associated with systematic planning for such a massive endeavor to change, even slightly, the organizational cultures of related, but not always consistent, agencies, the Women's Network developed an organizational structure, key partners, and a service delivery network that provided many essential services to women with drug abuse problems. Moreover, a MIS was developed, albeit belatedly, in consultation with CSAT, NEDTAC, the local evaluation and case managers to collect and automate data.

The development of a complex committee structure and organization helped recognize and resolve many problems associated with systematic planning for such a massive endeavor to change the organizational cultures of key agencies in Maricopa County. The leadership worked with partners from criminal justice and social services agencies to identify and resolve organizational problems, gaps or inconsistencies in coverage, and strategies to normalize and institutionalize the philosophies and the procedures established by the Network. Confronted with under-utilization of the Network by eligible clients, inconsistent training and staffing patterns due to turnover, an MIS system that was incompatible with the philosophy of the lead case manager, and other operational issues, the Network responded quickly and innovatively to maintain an effective program of treatment, services and supervision.

III. DID THE NETWORK WORK?

In asking the question "Did the Network Work?" we seek to know the extent to which the Network achieved its most immediate objectives. Based on the goals set forth by CSAT and by the Network during its planning phase, there are three phases to the services to be provided by the Network. First, it was to provide an assessment of treatment needs to women offenders. Second, it was to offer case management services and coordinate the delivery of treatment, services and supervision. Third, it was to develop an integrated network of service providers to offer a continuum of services and supervision. Each of these goals is discussed in this section of the report.

A. ASSESS TREATMENT NEEDS OF WOMEN OFFENDERS

Between September, 1996 and August, 2000, a total of 3,612 women were screened for eligibility; of these, 1,752 women were assessed. As is evident in Figure 3, the number of monthly assessments increased dramatically during the first eight months, as the Network became operational and sought to enroll its full allotment of 300 women. Soon after, however, the number stabilized for several months at about 40 assessments monthly. Significant reductions in assessments often reflect the loss of an assessor; sudden increases reflect either (1) efforts to catch the backlog of cases to be assessed and/or (2) the opening of another point of entry into the Network.

1. Characteristics Of The Women Who Were Assessed

Referrals from the Maricopa County jail account for 1,202 (or 68.6 percent) of the 1,752 assessments. Referrals from Pretrial Services supervision account for 324 of the assessments, and the remaining referrals were from the Drug Court (n = 105), Adult Probation (n = 103), and Department of Corrections (n = 18). The average age of all the

Insert figure 3 here

women who were assessed for treatment was 32.2 years, and the majority of women were white (63 percent) with an equal distribution of Hispanic and African American women (16.7 percent and 15.2 percent, respectively). Slightly more than half (53.9 percent) had at least a high school education or its equivalency. Most women were unemployed (60.3 percent), and only 23.1 percent were employed full time. Only 14.4 percent of the women were married at the time of assessment; 43.3 percent had never been married and another 37.8 percent were divorced or separated at the time of assessment. Finally, 39.4 percent of the women were living with one or more children at the time of assessment.

Importantly, 70.7 percent of the women had a history of physical abuse of some kind; 50.7 percent had a history of sexual abuse. Only one in ten (10.2 percent) of the women had no prior arrests, and nearly forty percent had only one prior arrest (but this self-reported information from the assessment is inexact due to the large number of missing cases). Other findings of interest are that:

- Nearly one-third of the women report having used crack, methamphetamines, and marijuana within the past six months;
- Over half (53.1 percent) of the women report polydrug use in the last month;
- About 40 percent of the women report injection drug use at least once in their lifetime, and 10 percent injected drugs in the last month;
- About one-third of the women (36. 8 percent) engaged in unprotected sex in the past month, and over one-fourth of all women (27.5 percent) used sex for drugs at some time in their past.

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- Many of the women were receiving services at the time of assessment: one-third were receiving health services; about one-fourth were receiving continuing care services and legal assistance; eleven percent were receiving family services; and almost 9 percent were receiving public assistance.

2. ASI Scores And Assessor Severity Ratings

Finally, the information summarized in Table 1 provides the mean Addiction Severity Index computational scores and the Assessor Severity Ratings for each of seven problem areas. The ASI computational scores indicate that employment was the greatest problem area, with a mean score of .825 (based on a scale of 0-1), followed at some distance by family problems (.426), medical problems (.389), legal problems (.361), psychiatric problems (.248), and then drug (.157) and alcohol (.141) problems. Figure 4 illustrates the finding that there is little variation in ASI scores across the five points of entry to the Network.

On the one hand, the Assessor Severity Ratings of the seven problem areas are in sharp contrast to the rank order found among the seven problem areas assessed with the ASI computational scores. The Assessor Severity Ratings found a "severe" or "extreme" drug problem among 81 percent of the women, a family problem among 65 percent of the women, an employment problem among 50 percent of the women, a mental health problem among 43 percent of the women, a legal problem among 41 percent of the women, an alcohol problem among 32 percent of the women, and a medical problem among 27 percent of the women. Yet, there also is strong congruence between the ASI computational scores and the Assessor Severity Ratings. As indicated in Table 2, a cross-

Insert figure 4 on this page

tabulation of the mean ASI scores by the Assessor Severity Ratings reveals that the mean ASI score for each problem area increases consistently with increases in the Assessor Severity Rating of the problem. That is, those women who were assessed by the rater as having an "extreme" alcohol problem had a higher mean ASI score than those women assessed by the rater as having a "severe" or a "moderate" alcohol problem. Similar findings exist for each of the problem areas (legal is excluded from this analysis). The result is a strong correlation between the ASI computational score and the Assessor Severity Rating for mental health, alcohol and family problems, a moderate correlation for drug problems, and a weak correlation for both social and drug problems.

3. Summation: Objective #1

In summary, the Network did meet its first objective: it assessed the treatment needs of female-drug using offenders. More exactly, it provided assessments to a large number of women who would not otherwise have received any systematic and formal assessment. Except for those 438 women who were assigned to the control group for evaluation purposes, each of the 1,752 women who were assessed then were provided with a temporary treatment plan and referred to intake. The assessments for those 438 women who were entered into the control group were forwarded to their probation officers.

B. PROVIDE CASE MANAGEMENT AND DELIVER SERVICES

Of the 1,314 women who were referred for intake, 1007 (76.6 percent) appeared for intake. As Figure 5 illustrates, the length of time between assessment and intake was problematical for the first six months of operation, but then improved substantially for all but the first two months of 1999. Not surprisingly, jail referrals had a shorter length of

insert table 2

INSERT FIGURE 5

time to intake and a higher likelihood of intake (77 percent) than those referred from other entry points, due largely to the fact that Network case managers traveled to the jail to begin the intake process. Also, it is noted in Figure 7 that neither the eligibility screening nor the assessment eliminated all who were ineligible, and a large proportion of those who reported to intake were then declared ineligible for Network services. This was a recurrent problem throughout the time span of the Network.

1. The Delivery of Services

Of the 1007 women for whom and intake interview was completed, 700 entered the Network from jail, 195 from Pretrial Services, 76 from Drug Court and 36 from Probation. Only 25 women were referred to the Network by ADC during data collection, and these cases are omitted from this analysis. Table 3 reports the distribution of services received by the women who entered the Network, listed by each of the four points of entry. In addition to drug and alcohol treatment, more than half of the women received case management services and anywhere between 10 percent and 15 percent of the women received mental health services, medical services and/or educational/vocational services. On average, each woman received more than six different referrals: those entering from PSA received an average of 7.24 referrals, while those entering from jail, Drug Court and Probation received an average of 7.19, 5.36 and 5.96 referrals, respectively. In general, the time between the date of referral and the date that the women reported to the referred service averaged less than 10 days, and the average duration of the services received was more than two months. Two-thirds of all those who were referred to services successfully completed the service to which they were referred. A more specific breakdown of these data is provided in Appendix B.

Figure 6

Figure 7

Figure 8

INSERT TABLE 3

2. Program Completion and Program Satisfaction

Of the 1,314 women who were assessed and referred for intake, 307 did not enter the Network. Of the 1,007 women who did enter the Network, 373 (37 percent) successfully completed the Network program. As is discussed in more detail in Section IV, a sample of 371 women who had been assessed and referred to intake was interviewed thirteen months following assessment. At this time, all the women had been terminated from the Network. Included in these interviews were questions designed to assess the level of satisfaction with the services received from the Network. The analysis categorizes the respondents into (1) those who entered and were unsuccessfully terminated from the Network, (2) those who entered and were successfully terminated from the Network, and (3) those who entered and whose termination was "neutral" in that it involved a change of jurisdiction or it permitted the participant to terminate early due to hardship (e.g., no childcare or transportation available for that client). As evident in Table 4, those who entered and succeeded were much more satisfied with the services received from the Network and were much more likely to say they would seek another program like the Network if they were to need help again in the future. They also were more likely than women in the other two groups to say that they benefited from the Network and that the case management team made appropriate referrals. It is interesting to note, however, that even those who were unsuccessfully terminated from the Network were generally happy with their experience: 73.1 percent were "mostly or "very" satisfied with the services received; 45.1 percent would definitely seek another program like the Network, 59.1 percent stated that they benefited from the Network, and 61.6 percent felt that the case management team made appropriate referrals.

TABLE 4

3. Summation: Objective #2

In summary, the Network did meet its second objective: it did offer case management and coordinate the delivery of treatment, services and supervision. Those who entered the Network received a number of referrals to a variety of services. This is evident in both the MIS records of referrals and in the self-reports of Network participants. Those who participated in the Network – whether or not they successfully completed the program – were satisfied with their experience and strongly endorsed the Network's program of supervision and services. These findings are important because they indicate that the Network met its immediate goal of providing its clients with assessment-based services.

C. DEVELOP AN INTEGRATED NETWORK OF PROVIDERS

The third objective of the Network was to develop an integrated network of service providers to offer a continuum of services and supervision. The process evaluation provided two types of data to answer this question: the result of documentation analysis and the evaluations provided in annual interviews conducted with stakeholders.

1. Documentation Data

As noted at the conclusion to Section II, the development and operation of the Women's Network was consistent with CSAT's program guidelines and expectations for criminal justice treatment networks. The development of a complex committee structure and organization incorporated partners from a number of criminal justice and treatment agencies, and served as a vehicle to identify and resolve many issues. The representation of these "partners" also provided the structure to identify gaps in services and to offer alternative strategies for addressing recurrent problems. As a result, the organizational

culture of the mix of "treatment and supervision" was challenged and successfully changed, and the Network succeeded in becoming a service delivery network capable of delivering services to women who would have heretofore not received such assistance.

The task of bringing together the specific expertise possessed by each agency and then coordinating services among the different agencies demonstrated a new way for criminal justice professionals to conduct business. The Women's Network became the forerunner in promoting and educating professionals about the importance and need for interagency communication and collaboration, and the need for gender specific programming. These conclusions are mirrored in the assessments of informed stakeholders who were interviewed as a part of the evaluation plan.

2. Stakeholders Evaluate the Network

Stakeholders' knowledge, beliefs, and attitudes about the Network's impacts on clients, the partnering agencies, and the local community shed much light on the Network's operation and the degree to which it achieved its goals.

Key stakeholder interviews were conducted by local evaluation at the end of each grant year, beginning in October 1996. The questions asked were derived from Caliber Associates' baseline stakeholder interview protocols used in Year 01. These annual interviews collected stakeholder views on how the Network had changed, its collaboration efforts, its challenges and barriers, and its accomplishments and strengths as well as its disappointments and weaknesses. The interviews were with heads of some partnering agencies, members of Network committees, some line staff, and some individuals with non-partnering agencies that played a role in the Network or received Network clients.

Stakeholders were selected on the basis of four criteria: 1) the involvement by their agency in the Network, 2) their position within that agency, 3) the type of knowledge the stakeholder possessed, and 4) their historical knowledge of the Network. These stakeholders can be organized into 5 categories: Court/Court Administration (n = 6), Women's Network partners (n = 7), members from the Strategic Planning Committee (n = 4), the Chief Probation Officer, Deputy Chiefs, and top supervisors within the Adult Probation Department (n = 5), and Women's Network line staff (n = 4). Also, the Project Director, the Assistant Project Director and a representative from ValueOptions were interviewed as part of the stakeholder interviews.

The following comments address key topics of interest to stakeholders over the lifetime of the Women's Network, with emphasis on changes through the final year. The 29 stakeholders interviewed in the final year consisted of representatives who had been involved with the Women's Network throughout its history (most of whom had been interviewed each year throughout the Network's lifespan) as well as a few stakeholders who had only recently become involved in the Network. Several areas addressed in the interviews appeared to solicit the most responses from the interviewees. These areas are discussed in some detail below.

a. Accomplishments and Failures

Stakeholders reported a number of accomplishments and failures for the Women's Network. Among the accomplishments were that it had introduced a new way to do business; it offered another perspective for those working in criminal justice; and/or that it recognized and implemented a holistic approach to recovery for women addicts. Through building a network of partnerships and services, gaps in services were identified,

cross training of staff improved working relations among line staff from other agencies, partners in the Network began working together on other projects (separate from but originating from the Network). A former Women's Network participant now serves on the Community Punishment Board at the county. As a result of all of its accomplishments the Women's Network had been able to secure post-grant funding through monetary commitments from CSAT, ADOC, Pretrial Services Agency, and the Maricopa County Adult Drug Court.

In general, respondents thought the Network was successful in its collaboration efforts in establishing lasting networks with other public agencies and gaining the commitment and support from these agencies. What is particularly noteworthy about the collaborative efforts is that it got people from agencies in touch with people who worked in other organizations, including those individuals in the "helping services" who may have been regarded as "outsiders" to the criminal justice enterprise. One major impact was to begin a process of cultural change, as, for example, probation officers became more aware of gender-specific problems. One member noted: "I think it has changed some of the staff's beliefs of how people should be treated in the criminal justice system." Another added: "The Network has salvaged so many lives that would have been missed by standard probation regimen…the coordination of the Network and the positive impact it has had on probation officers that have involved in the Network. It has changed their attitudes about their community role and on community supervision. I see this change more so in Network probation officers than among others [i.e., non-Network probation officers]."

Several positive effects were identified in stakeholder interviews, but three were most notable. First, the Women's Network raised awareness about, and led to the use of, gender-specific treatment. Second, the Network became a model for multi-agency collaboration efforts. Third, partnering agencies are willing to make a financial commitment to the Network.

- Gender-Specific Treatment

Before the Women' s Network, gender-specific programming was unavailable to substance abusing women offenders in criminal justice and the treatment community. The Women's Network became recognized as the authority in Maricopa County on gender specific treatment. As a criminal justice model specific to women, the Network began to address the need to educate the treatment community and criminal justice about the different characteristics and needs of substance abusing women in recovery, and to initiate programs which provide gender-specific treatment for women. A summation of the model for gender-specific programming for women is included in Appendix C.

The Women's Network hosted two Treatment Summits, featuring Stephanie Covington, and several cross-trainings for criminal justice and treatment providers. Subsequently, the Network became a force to create gender-specific programs for its women clients. The Project Director worked with Adult Probation to solicit vendors who would provide gender-specific treatment programs, and these vendors then received additional client referrals from other programs within Adult Probation and the Drug Court. In addition, the Network held training workshops on gender-specific treatment for the Juvenile Probation Department and the Maricopa County Criminal Court bench. After the 1998 treatment summit, the Arizona Supreme Court's Administrative Office of the

Courts incorporated gender-specific training in its certification program for probation officers throughout Arizona. TASC incorporated a gender-specific component in its treatment in 2000 and Proposition 200 added gender-specific treatment to its model for all women probationers.

Other agencies began to incorporate the language and perspective of "gender" in their organizational routines and grant activities. A representative from the Arizona Department of Corrections stated that "We already share the Network's philosophy. The most obvious impact is the dedication of a parole officer position to deal specifically with Network clients. We plan to implement the Covington model at Perryville [the state facility for women]. At the first summit meeting I used a lot of language, from the Covington material, in an RFP I recently submitted and was granted. I learned what to ask for in gender-specific treatment."

A ranking member of another major criminal justice agency put it this way: "It has forced us, as an agency, to say men and women are different. It sounds too elementary, but too much of the supervision in the past has not recognized and dealt with these differences. They go unaddressed and not responded to. Ultimately it is one of the major problems. It has caused us to examine more closely gender-oriented approaches."

- Agency Collaboration

The Women's Network is widely viewed as being a successful model of intra-agency collaboration. The Network has linked and partnered with several new agencies since it began, including the Department of Corrections, Drug Court, Juvenile Probation and the transferred youth population on probation. The Women's Network also has received national recognition for its collaboration with the Phoenix-based TASC program

at the national meetings of TASC. Overall, stakeholders noted that the Women's Network is a model of interagency collaboration and communication. The Network has nurtured the relationships with and among its original partners and has established new linkages and partnerships.

Most of the stakeholders were impressed by both the diversity of the agencies involved and the level of commitment from these agencies to the Network philosophy and program. Although the stakeholders commented most favorably on the Network's collaboration efforts and partnerships, several stakeholders indicate that other agencies or sectors of the community should have been, or should become, involved, including: the Department of Economic Security (particularly Child Protective Services), the Governor's Office, private industry and the business community, churches and the religious leaders of the community, and representatives from the legal and medical community. As one person noted: "We have not tapped into community churches enough. They are great resources. More community services in general, more involvement with other non-profits. We have always gone with the bigger agencies. More pounding the pavement is needed."

Yet, it is also true that representatives from agencies representing some of these entities have responded unfavorably when invited to work with the Network and others had a fleeting relationship with the Network before they dropped out or become less involved after the Network's first year. The Department of Economic Security's Child Protective Services and the Department of Health Services were identified as having a vested interest in the Network's population and were contacted during the planning phase (and again during the early implementation phase) to participate in the Women's

Network but neither agency participated except to offer minimal information. The County Attorney's Office and the Public Defender's Office were involved with the Network in the first two years but continually became less involved over time until they eventually dropped out. And, as already noted, stakeholders were disappointed at the level of response by the local RBHA (ComCare and then ValueOptions).

Even in the absence of some major agencies, stakeholders uniformly agreed that just bringing the players to the table has been an important accomplishment. One respondent explained that the criminal justice agencies have been waiting for the opportunity to collaborate in a neutral environment for the coordination of services for offenders: "[The Network] forced [agencies] to take a look at this population in a different light and take action. I think criminal justice was on the cusp prior to the Women's Network, but the Network forced the hand. It came in and said to do it and then did it." This view was echoed by others. One stakeholder commented that a major achievement of the Network was …."communication and coordination among agencies. Staff and administrators know each other and have become more comfortable with each other." Another stakeholder agreed that it was a major feat to …."bring together a diverse group of players, get them on the same page, get them to put aside their personal agendas and look at the bigger picture." Yet another stakeholder noted that: "It's networking with agencies. Previously these agencies worked independent of each other, with little conversation between them. Now, it is quite likely that if a change occurs in the program, phone calls are made instantly. There are better relations between probation, courts, public defender, and other agencies associated with the Network."

Stakeholders also noted that there had been some degree of "cross-pollination" as a result of the collaborative efforts of the Network. Respondents remarked on the difference in the way Network probation officers and standard probation officers operate and that some of the Network's treatment philosophy seems to be rubbing off on standard probation officers. As Network probation officers leave the program and become supervisors in the probation department, they bring the Network philosophy to their team. ValueOptions reportedly reviewed the Network's guidelines to utilize in their own practices. The new population of parolees is expected to facilitate change within the Department of Corrections.

The variety of effects emerging from the Network's ability to enhance agency collaboration was summed up by one stakeholder: "Relationships developed, opened doors for us and helped establish better rapport with community agencies, helped us publicize our programs in the jail, helped us build better programs, better recognize needs of inmates and women in particular. Also, the Network provided training opportunities for jail staff. That is the first time MCSO ever had cross-training. Indirect impact would be the ALPHA program counselor and escort officer. We have expanded and used those resources in other ways."

- Agency Financial and Organizational Commitment

As the final year of CSAT funding began, the Network's Project Director began looking for financial resources to sustain the Network and its programs. One source of funds was the partnering agencies, several of which committed fiscal resources for the Women's Network. The Arizona Department of Corrections, the Adult Drug Court, the Pretrial Services Agency, and TASC absorbed some Network staff positions (e.g., case

managers, assessors) into their budgets and the Maricopa County Sheriff's Office committed financial resources by absorbing staff positions for ALPHA into its budget. In addition, the Network expanded its operation (with a separate grant from CSAT) to include juvenile transferred youth. The Network also took advantage of the Prop 200 money made available to Adult Probation for substance abuse treatment.

Another impact of the Network has been on the policies and procedures of other agencies. For example, the Arizona Department of Corrections considered the Network a catalyst for becoming more involved in the community and addressing pre-release issues. ADOC also has reported using what it has learned from the Treatment Summit meetings to apply for gender-specific treatment grants and programming. Another example is the fact that the Community Crime and Punishment program in Adult Probation adopted the Covington model of gender-specific treatment from the Treatment Summit to use with its entire population of women probationers (and reported positive outcomes).

The treatment and collaboration philosophy of the Women's Network had a spillover effect in criminal justice at different levels. The turnover among Adult Probation's line staff working with the Women' s Network throughout the five years has been considerable, but the knowledge and training received while working with the Network is transferable to the next positions held. Manager and administrators from other agencies also transfer their experiences and knowledge from the Network into other areas of their agencies. In these ways, other agencies are acquiring the philosophy espoused by the Network. Most visibly, the Network's greatest legacies are (1) its lessons on how to effectively collaborate with other agencies, both in terms of sharing information and

sharing resources, and (2) its demonstration of the importance of gender-specific treatment for women.

However, stakeholders reported minimal impact on the larger criminal justice and treatment systems as a whole. This can be attributed to several factors, including the small number of women served, the view held by some criminal justice agencies that the Network was being "soft" on offenders, and, for the most part, the widely held view that the Network was "just another program" instead of a new philosophy.

b. Perceptions of Network Successes

While stakeholders realized that systematic outcome data were not available at the time of their final interviews, they were able to identify a number of predictors to measure the success of the Women's Network. Most of the stakeholders based their perception of success on anecdotal evidence and systems changes they have witnessed. The most frequently mentioned indicators that the Network was a success were the degree of agency collaboration and the services provided to clients.

The most mentioned and notable successes recognized by the stakeholders were the Women's Network's collaboration across agencies and its ability to open communication between agencies that did not exist before. The Network engaged other agencies in most aspects of the model from planning, implementation, operations, and future planning. One stakeholder assessed the cooperation this way: "It appears that certain agencies have agreed upon a goal with mutual interests at stake. There does not appear to be fighting among agencies about responsibility and more looking at treating women. The Network seems to provide a non-threatening forum for agencies to come together. There is better coordination among case management teams."

Relationships were built among and between criminal justice agencies and community providers and there was a perceived increase in information sharing and coordination of services. As one stakeholder noted, "historically, women's needs have never been addressed until about five years ago when the Network brought this to the forefront." Another stakeholder observed: "It depends on how you measure success. The Network created relationships among criminal justice agencies and there is still on-going dialogue, not only with the Network, but the Network permeated into other agencies. It also identified community resources for this population and built networking opportunities, established working relationships among agencies that did not exist before. It really revealed where there are great deficiencies in the state behavioral health area."

Other stakeholders based their perception of the Network's success on the number of individual lives they have improved, as evidenced by the Achievement Ceremonies held on a periodic basis. Some of the stakeholders attended the ceremonies and were impressed at the far-reaching effects of the Women's Network. At these "graduation" ceremonies following successful completion of the Network program, the women, their children, and their families and friends come together to recognize the effort and changes these women have made. While acknowledging that outcome data would be more convincing, one committed stakeholder had seen lives changed: "I see successes at the graduation ceremonies and I have seen the Network in action. I have been [working with] case staffing and watched the case managers, probation officers, treatment providers, and other partners come together to discuss a client. I have talked to offenders and [got their opinions] also." Another stakeholder, when asked to point to an indicator of the Network's success, replied: "Based on the number of successful

graduates…Most women stay in the program. They are successful, and for many of them this is their first time ever being successful [in recovery]."

Stakeholders also recognize the financial commitments that have been made by some of the partners as a measure of success. The Network staff components of the Network have been merged into the budgets of the Adult Probation Department, TASC, the Maricopa County Sheriff's Office, Pretrial Services Agency, Maricopa County Adult Drug Court, and the Arizona Department of Corrections.

Finally, there is a measure of success in that the Women's Network had struggled to identify and secure services and treatment in the community, especially services specific to women offenders. A Community Resource Library has evolved by case managers, probation officers and other Network staff that identifies available community resources. A Community Resource Manual was created for the west, east and central areas of the Phoenix metropolitan area, and the resource manual was shared with partners and other linking agencies.

c. Perceptions of Network Failures

Some of the sources of disappointment or failure were constant obstacles with which the Network struggled throughout its duration. One of these was the fact that the Network never was able to reach its maximum capacity of 300 clients at any given time. Given the voluntary nature of participation, the Network constantly struggled to recruit and retain women in the program. Due to this inability to reach its capacity numbers, there was criticism over time of (1) the voluntary nature of the participation, (2) the exclusion of women already serving probation (well beyond the first 90 days), and (3) evaluation's need to exclude eligible volunteers for the purpose of creating a control

group. The first Project Director, Ms Dal Pra, strongly believed that the program would be most effective if women voluntarily participated and she firmly resisted efforts by some members of the Local Coordinating Committee and the Policy Committee to coerce participation. Instead, Ms Dal Pra sought to expand the base of eligibility and open new avenues of entry and worked to streamline the flow of cases from screening to assessment to intake.

Another disappointment was the inability of the Network to create and institutionalize a single assessment instrument that would be used across agencies and providers. Relatedly, the Network failed to develop a Management Information System that partnering agencies could access, both for data input and for data sharing. The criminal justice and treatment communities have their own requirements for assessments, and no single assessment could be inclusive for all partnering agencies. Also, the criminal justice and the treatment communities were not interested in sharing information electronically, due largely to confidentiality issues.

Another challenge to the Network was its effort to expand communication with the community beyond Network partners and prospective service providers. While the Newsletter did help, several stakeholders remarked that more "advertising" about the innovative program and its successes would have been beneficial, especially to state legislators, county council members, and other local policy makers.

Other critiques address systems level areas. Some stakeholders were disappointed that there was not more training and education for non-Network probation officers and that Adult Probation did not expand and extend the Network model to serve other populations, like men and juveniles.

d. <u>Obstacles/Barriers</u>

Over time the Women's Network encountered a number of obstacles in trying to implement a coordinated services approach involving a number of different agencies, a variety of community resources, and several treatment providers. From the beginning, securing resources and services for some of the needs of women was difficult and sometimes impossible. The Women's Network aggressively sought services in the community, but for some areas the services were not available. This was especially evident in the beginning when the Network had to pay for residential treatment for its participants because the RBHA was insolvent. It also was evident in efforts to obtain ancillary services, such as housing, transportation, mental health medication and dental services. Other obstacles that the Women's Network encountered include staff turnover, delays in developing the MIS and persistent failures among case managers to use the MIS, and the on-going communication problems with Pretrial Services Agency during the first three years.

e. <u>Future Directions</u>

Stakeholders were most responsive when asked what they thought the Network should being doing, or what they would like to see the Network do, once the CSAT funding terminated. Their responses and ideas are grouped into three categories: (1) Network expansion and integration, (2) modeling for other sites, and (3) continued education and awareness.

Many of the responses touched on the idea of expanding the Network. Some ideas included expanding the model to serve more populations, like youth and men. Others suggested that the Network philosophy and program should become the model used

throughout Adult Probation. Another suggestion was the possibility of age-specific treatment.   Stakeholders also would like to see stable funding secured, especially for the case management component.

Tied to this suggestion for expansion was the notion that the Network should be a "model" for other sites, both locally and nationally. These stakeholders believe that the positive outcomes of the Network should be shared on both a national and state level. They suggested that the Network or CSAT should host a "Best Practices" conference, and they encouraged the Network to convene another Treatment Summit with invitations to agencies located in other counties from around the state. Other stakeholders expressed their interest in creating another model of the Network elsewhere in Arizona.

It was important to stakeholders that the Network's efforts to educate and collaborate continue. They wanted to see more information disseminated to the criminal court bench, continued cross-training for agencies and providers, and further efforts to bring gender-specific treatment to all levels of criminal justice and the treatment community. The strategies for "education and dissemination" were varied: one suggestion was to create a Speakers' Bureau of partnering agencies and Network program graduates; another was to develop a lobbying force to market the Network to policy makers and local politicians.

Finally, there also were some very specific ideas about future Network activities. Stakeholders reported that they would like to create a housing network, build a residential treatment housing unit for families, and develop a community supportive services specialist position in the Women's Network to enrich, build, and manage its community resource base and assist with appropriate referrals.

The ideas and suggestions expressed by the stakeholders confirm the Women's Network's ability to open communication lines and nurture a non-threatening collaborative effort between agencies. The enthusiasm for the future prospects of the Women's Network was evident in the free flow of seemingly limitless ideas as seen by its partners and their commitment to its potential.

Despite these positive notes of encouragement for the future, the stakeholders also voiced concern about obstacles that confront the future of the Women's Network. The extensive involvement of many people from various agencies has made the Women's Network part of the "context" or "effective environment" of future agency activities and collaboration, but there were concerns about whether the Women's Network would endure and, if so, where it would be housed, what agencies would be included, how the model might change, and what funding streams would be available.

D. CONCLUSION: DID THE NETWORK WORK?

Documentary analysis of the planning, implementation and operation of the Women's Network indicates that the Network achieved its immediate goals. This conclusion is supported by an overwhelming majority of key stakeholders knowledgeable about the Network, its philosophy and its activities. The Women's Network was able to form a partnership with a number of critical allied criminal justice and social services agencies, and together this partnership was able to develop and disseminate a new philosophy and a new approach to treating drug using female offenders. As a result of these successful efforts to develop an integrated network of service providers, the Network succeeded in its attempts to (1) assess the treatment needs of female drug using offenders, (2) provide case management services to female drug using offenders, and (3)

offer female drug using offenders a continuum of services and supervision. Did the

Network Work? Yes!

IV. DID THE TREATMENT WORK?

The Network was designed to provide assessments and case management as a means to provide an integrated array of supervision and services to drug-using female offenders, and the materials reported in Section III strongly suggest that the Network achieved those objectives. The larger question is whether or not the participants' involvement in the Network improved their outcomes compared to those women who did not participate in the Network. By random assignment of women to the Network or to a control group who did not receive the Network experience, evaluation asks whether the Network improved the outcomes of women participants beyond that which would have occurred in the absence of the program. That is, evaluation uses the control group as a comparison group to address the question "Did the treatment work?"

A. RANDOM ASSIGNMENT TO TREATMENT AND CONTROL GROUPS

Evaluation worked with MIS to create a process by which Network-eligible women were randomly assigned to treatment and control groups at the conclusion of the assessment. Following the automated data entry of the response to the last question of the assessment, the computer's random number generator produced a number between 1 and 100 on the laptop monitor. Clients assigned a number of 70 or lower were told to report for intake to the Network and clients with a number of 71 or greater were told that the assessment information would be provided to their probation officer for future use (which was done). In all cases, the randomized number was recorded into the assessment database, making it possible to assure that the assessors were conforming to the protocol for referral to treatment and control groups.

As already noted, random assignment to treatment or control groups was delayed for the first seven months of operation. Although the first clients were admitted in September, 1996, random assignment did not begin until March, 1997. This delay was designed to permit the Network to (1) fill its 300 positions in the Network as quickly as possible and (2) process a large enough number of cases from assessment through intake and into case management to discover and correct some of the inevitable problems (e.g., communication, record keeping, staffing responsibilities, and eligibility) that might arise. The objective was to begin random assignment only after the Network had been operating smoothly for some time, and a total of 224 women were admitted to the Network prior to randomization.

Due to the amount of time needed to conduct the follow up interviews, randomization was terminated in December, 1999. Since the Network continued to operate for many months following the termination of randomization, a total of 207 women entered the Network after randomization had been discontinued.

None of the 224 women who were admitted prior to randomization and none of the 207 women admitted after randomization was discontinued are included in the following analyses. Also, the 105 women who entered the Network from the Drug Court were excluded because the Drug Court prohibited the use of random assignment to determine which of its referrals would be placed into the Network. As a result, the randomization procedure includes only those 1,228 non-Drug Court women who were assessed between March, 1997 and December, 1999. Of this number, 438 (35.6 percent) were assigned to the control group on the basis of a random number which appeared on the computer monitor at the conclusion of the automated assessment. These women were

immediately informed by the assessor at the conclusion of the assessment that the assessment results would be forwarded to their probation officer. A further check of the assessment data indicated that 25 of these women were ineligible for the Network and removed from the control group. Therefore, the control group consists of a total of 413 women who were eligible for the Network.

The other 790 women (64.4 percent) were assigned to the treatment group and immediately informed by the assessor that they should report for intake to the Network (and the Network case manager was notified that the client had been referred). Of this number, 153 did not enter treatment; 107 declined the program (refusal when contacted by telephone or failure to appear for scheduled initial appointment) and the remaining 46 were discovered at Intake to be ineligible. The other 614 women completed the intake process and were enrolled into the Network. Of this number, 243 (39.6 percent) were successfully terminated from the Network, 256 (41.7 percent) were unsuccessfully terminated from the Network, and 115 (18.7 percent) received a "neutral" termination.

Interviews were conducted with a subset of the randomized samples one year after randomization. Of the 413 women assigned to the control group, 333 were selected randomly to be interviewed, and evaluation was able to locate and interview 204 (61.2 percent) of those selected. Of the 721 women assigned to the Network, 655 were selected to be interviewed: this included virtually all of those who entered the Network and a random sample of those who refused to enter the Network. Of the 655 women selected for interviews, 371 (56.6 percent) were located and interviewed. The response rates (61.2 percent of the control group and 56.6 percent of the treatment group) reflect

the difficulty in locating this population. Once contacted, only 15 women refused the follow up interview (or the $30 incentive).

The 12-month follow up interviews conducted with these 575 women provide self-reported measures of outcomes. In addition, official criminal history data were obtained for each of the 412 women in the control group, each of the 614 women who entered the Network and each of the107 women who failed to enter the Network after referral. Official criminal history for each subject was compiled from the following data bases: FBI/NCIC III, Arizona's Department of Public Safety, Arizona's Department of Corrections, and Maricopa County Adult Probation Department.

B. OUTCOME #1: RECEIPT OF SERVICES

Did the Network provide female offenders with a broader and more systematic use of services than would occur in the absence of the program? Data obtained from the 12-month follow up interviews suggests that women who entered the Network were somewhat more likely to have received services for housing, transportation, family problems and both alcohol and drug abuse than those women assigned to the control group. As noted in Table 5, there are no observed differences between these two groups of women in the likelihood of a referral for services or of services received for employment/education problems, legal services, psychological problems or medical problems. These findings suggest that the case management approach was able to identify and deliver services in those areas within its range and focus: housing, transportation, public assistance, and especially drug and alcohol abuse.

TABLE 5 HERE

C. OUTCOME #2: SOCIAL AND CRIMINAL JUSTICE OUTCOMES

Were Network participants more likely than the women in the control group to achieve successful outcomes? Based on the information provided in the 12-month follow up interviews, it appears that Network participants were no more likely to achieve successful social outcomes than the women assigned to the control group. The data reported in Table 6 indicate that while Network participants were slightly more likely than control group women to be employed one year after entering the Network, they were no more likely than the control group women to be living on their own. Further, there is no difference between the two groups in the likelihood that they have been troubled within the past month by family problems, alcohol problems, drug problems or mental health problems. Finally, Network participants were no more or no less likely than control group women to feel that treatment for family problems, mental health problems, alcohol problems or drug problems was important to them one year after the initial assessment.

Criminal justice outcomes also were assessed as part of the 12-month follow up interviews. Nearly half of both groups of women reported that they had been re-arrested during the twelve months since the assessment (47.5 percent of Network participants versus 49.7 percent of control group participants), and nearly one-fifth of all women in each group (19.9 percent versus 22.1 percent, respectively) reported a new arrest for a drug offense. Similarly, there is no significant difference between Network participants and the control group participants in the likelihood of alcohol use in the past six months, the use of alcohol to intoxication in the past six months, the use of any illegal drug or of polydrug use within the previous six months. These findings are consistent with the

Table 6

official records of arrest during this period. Network participants are only slightly less

likely than the control group participants to have an official record of arrest (39.7 percent

versus 42.0 percent) and to have a probation revocation (17.9 percent versus 19.7

percent), but these small differences are not statistically significant. If those women who

refused to enter the Network are included into the total of all Network cases, then there is

no difference whatsoever in official records between those women assigned to the

Network and those women assigned to the control group.

D. CONCLUSION: DID THE TREATMENT WORK?

Did the efforts by the Network staff --- efforts which provided a thorough needs

assessment, case management, probation supervision and the referral to treatment

services --- have the desired impacts? Did Network participants fare better than those

women who were randomly assigned to a control group? While there were no

differences between the two groups in the receipt of services for employment/education

problems, legal services, psychological problems or medical problems, it appears that

Network participants were significantly more likely than control group participants to

receive services for housing, transportation, public assistance, family problems and both

alcohol and drug abuse. This finding further supports the earlier conclusion that the

Network did achieve its immediate goal of providing a broader array of treatment

services to its participants.

In light of this increased access to treatment services, did the Network participants

have a greater likelihood of positive social and criminal justice outcomes? Both the self-

reports obtained from interviews and the official data obtained from police and probation

records indicate that Network participants were no more likely than control group

Table 7

participants to be successful one year following entrance to the Network. Although

Network participants were slightly more likely to be employed one year after intake,

there was no difference between Network participants and the control group participants

in the likelihood that they were living on their own, in the likelihood of current family,

mental health, alcohol or drug problems, or in the likelihood of alcohol and drug use

within the past six months. Further, there were no differences between Network

participants and control group participants in the proportion who had been arrested for a

new offense, who had been arrested for a new drug offense, or whose probation had been

revoked.

Did the treatment work? These findings suggest that those who received the

treatment provided by the Network --- the assessment, the case management, and the

treatment services --- were no more likely to be successful after one year than those

women who were randomly assigned to the control group.

V. CONCLUSION

A.   SUMMARY OF FINDINGS

Initiated in 1995 and operational in 1996, the Maricopa County Women's Network program offered a comprehensive and integrated program of treatment, services and supervision to adult female drug-abusing criminal offenders. Although the program was officed at, and directed by, the Maricopa County Adult Probation Department, the program was designed to build and maintain a network of partnering criminal justice and social service agencies that would be actively involved in the planning, implementation and ongoing maintenance of the program. The most salient partners were representatives from the Arizona Department of Health Services; TASC, Inc. of Arizona; the Maricopa County Sheriff's Office; the Maricopa County Pretrial Services Office; the Maricopa County Adult Drug Court; the Arizona Department of Corrections; and the Regional Behavioral Health Authority, first ComCare and later ValueOptions. Representatives of these agencies contributed to a complex committee structure which assisted the Program Director to design and adjust the program, to recognize and resolve emergent problems, and to identify and resolve gaps or inconsistencies in services available to the Women's Network's clients.

Confronted with under-utilization of the Women's Network by eligible clients, inconsistent training and staffing patterns due to turnover, an MIS system that was slow to develop and that was incompatible with the philosophy of the lead case manager, and other operational issues, the Women's Network nonetheless responded quickly and innovatively to maintain an effective program of treatment, services and supervision

consistent with CSAT's program guidelines and expectations for criminal justice treatment networks.

Between September, 1996 and the end of January, 2000, the Women's Network screened a total of 3,612 women, of whom a total of 1,752 were eligible for the Women's Network and were assessed for treatment. Of the 1,752 women who received a needs assessment, 438 were randomly assigned to a control group for evaluation purposes and the other 1,314 were referred for intake into the Women's Network. Of these, 1,007 (or 76.6 percent) appeared for intake and completed an intake interview. On average, each woman who entered the Women's Network received more than six different referrals for service. However, only 373 women successfully completed the Women's Network program. This number represents 28.4 percent of the 1,314 women who were assessed and referred to the Women's Network and 37.7 percent of the 1,007 women who actually appeared for intake and completed the intake interview.

The documentation study of the planning and operations of the Women's Network program, the findings of extensive interviews with stakeholders, and the results of a 12-month follow up study of Women's Network clients indicate that the Network did achieve its objectives. It did (1) establish a uniform screen process to determine eligibility, (2) create a centralized assessment center to identify client needs, (3) offer case management services, and (4) provide a continuum of services and supervision. Despite the fact that the Women's Network program delivered a needs assessment, case management and service referrals, however, the 12-month follow up study finds that Network clients were no more likely to be successful after one year than those women randomly assigned to the control group. There was no difference between Women's

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Network participants and the control group women in successful social outcomes, in the likelihood of alcohol and illegal drug use within the past six months, or in the likelihood of either a revocation of probation or an arrest for a new offense.

B. LIMITATIONS

Although the Women's Network had a degree of success in achieving its primary goals, its performance has to be viewed in the context of the limitations and obstacles it confronted. Among the most notable limitations to the Women's Network's performance are:

- Often there were clear differences of opinion among the partnering agencies regarding issues of program design, budget expenditures, and other key issues (e.g., voluntary or coerced participation).

- The day-to-day operations of the Women's Network were not without obstacles: the MIS system was slow to develop and staff resisted efforts to automate information about their clients, reducing the utility of the MIS as a management tool; turnover among staff (especially among assessors and case managers) created gaps in coverage and inconsistencies in performance.

- The public health care system in Arizona (RBHA) and its local agents (ComCare, then ValueOptions) offered only limited resources to this client group. Although the Women's Network aggressively sought the services needed by its clients, some services were largely unavailable --- such as residential treatment, housing and dental services.

- The coalition of Women's Network partners started strong, but interest waned over time, especially among two major agencies within the criminal justice system. By the 4th year, neither the Public Defender's Office nor the County Attorney's Office were participating in Network committees.

- The Network received little publicity and remains largely unknown. The general public is unaware of the Women's Network and its operation, and the Network was not marketed to legislators and other policymakers.

C. ACCOMPLISHMENTS

Despite these limitations, the Women's Network was successful in achieving its principal goals of establishing a program to provide needs assessment, case management and service referrals to a largely underserved population of female drug-using criminal offenders. In addition, the Women's Network is credited with such accomplishments as:

- It introduced a new way to do business; it offered another perspective for those working with this criminal justice population; it recognized and largely implemented a holistic approach to recovery for women addicts. The Women's Network initiated and promoted gender-specific treatment in Arizona.

- Through building a network of partnerships and services, gaps in services were identified; cross training of staff improved working relations among line staff from participating agencies; partners in the Women's Network

began working on other projects together, separate from but originating within the Women's Network.

- The Women's Network received financial and organization commitments from participating partners, enabling it to continue operations for a short period without federal funding.

- There was a consensus among stakeholders and those familiar with the Women's Network that it had been successful. "Success" includes such measures as (1) collaborative capabilities across agencies, (2) communication among agencies, (3) new and "renewable" financial commitments from agencies to continue the Network model; (4) a wide array of services identified and used in providing treatment to the clients, and (5) the large number of women who benefited from their participating in the Network (as most visibly demonstrated at graduation exercises).

C. LESSONS LEARNED

Finally, the experiences, the limitations, and the accomplishments of the Women's Network provide invaluable lessons from which others might learn. Among these are the following.

- The integration of services and supervision may be a worthy goal, but it is elusive and requires great effort to coordinate partnering agencies. There were conflicts in priorities and goals (as between the public defender, the county prosecutor, and Adult Probation's Presentence Investigators); there were philosophical differences among Network partners (as in the ongoing debate between voluntary or coerced participation); and there were

insurmountable problems in information sharing (as was true of the needs assessments).

- Staff turnover is inevitable and must be ongoing part of the program planning. Adult Probation created predictable staff turnover as a result of its policy to rotate staff at schedule intervals, but there also was a high and unpredictable turnover rate among TASC staff serving as assessors and case managers. Turnover requires that the program provide constant training and monitoring of new staff.

- Five years and $1 million do not necessarily result in a working Management Information System. Much of the delay was the result of early efforts to meet federal demands for a very large number of data elements obtained and recorded in a standardized format across the multiple sites, and it is important that the MIS be simplified to meet local interests and local needs. Moreover, some of the key personnel undermined the utility of the MIS; the lead case manager, who publicly and repeatedly questioned the value of the quantitative assessments and of the data automation for MIS purposes, failed to monitor the timeliness and the quality of the information being input into the MIS by the case managers he supervised.

- Voluntary participation results in a very large attrition rate, which reduces the time in treatment. Time in treatment is a critical factor in producing positive outcomes, so efforts must be made to enlist the client into the program and to increase the client's time in treatment. On the one hand,

coerced participation is likely to compel participation by those who are unwilling or unready to seek treatment, and their likelihood of success is lower. On the other hand, voluntary participation is a sign of a motivated client -- one who is more likely to succeed. When clients volunteer for the program, it is difficult to discern how much of the successful outcome is the result of the program of treatment and how much of the successful outcome is the result of the client's high motivation to change.

- The need for services among this population of female offenders is real. The needs assessment revealed that the women had a history of physical and sexual abuse, that they led dysfunctional lives, and that they had multiple needs for treatment beyond that of alcohol and drug abuse. Treatment needs to be readily available to this population, as well as the support services such as transportation and childcare, which will enable the women to obtain the treatment services to which they are referred. Assessment can identify treatment needs, but assessments must occur periodically over time and treatments must be modified as appropriate.

APPENDIX A

REFERENCES

References

Anglin, M.D., Longshore, D. Turner, S., McBride, D., Inciardi, J. and Prendergast, M.
  1996:   Final report. Los Angeles: University of California, Los Angeles,
  Drug Abuse Research Center.

Arfken, C.L., Klein, C., di Menza, S. and Schuster, C.R. 2001. "Gender differences in
  problem severity at assessment and treatment retention." *Journal of Substance
  Abuse Treatment*, 20, 53-57.

Ashley, O.S., Marsden, M.E. and Brady, T.M. 2003. "Effectiveness of Substance Abuse
  Treatment Programming for Women: A Review." *The American Journal of Drug
  and Alcohol Abuse*, 29 19-53.

Chanhatasilpa, C., MacKenzie, D. and Hickman, L. 2000. "The effectiveness of
  community-based programs for chemically dependent offenders: A review and
  assessment of the research." *Journal of Substance Abuse Treatment*, 19, 383-393.

Hanlon, T.E., Nurco, D.N., Bateman, R.W. and O'Grady, K.E. 1998. "The response of
  drug abuse parolees to a combination of treatment and intensive supervision." *The
  Prison Journal*, 78, 31-44.

Henderson, D. 1998. "Drug abuse and incarcerated women: A research review." *Journal
  of Substance Abuse Treatment*, 15, 579-587.

Henderson, D., Schaeffer, J. and Brown, L. 1998. "Gender-appropriate mental health
  services for incarcerated women: issues and challenges." *Family and Community
  Health*, 21, 42-53.

Jordan, K.J., Federman, E.B., Burns, B.J., Schlenger, W.E., Fairbank, J.A. and Caddell,

J.M. 2002. "Lifetime use of mental health and substance abuse treatment services

by incarcerated women felons." *Psychiatric Services*, 53, 317-325.

Jessup, M., Edwards, L., Mason, T., Miller, L. and Katz, R. 2001. "Therapeutic

jurisprudence: judicial and corrections panel." *Journal of Psychoactive Drugs*, 33,

55-367.

Snell, T. and Morton, D.C. 1994. *Survey of State Prison Inmates: Women in prison*.

U.S. Department of Justice, Office of Justice Programs, Bureau of Justice

Statistics.

U.S. Department of Justice. 1998 *Special Report: Substance abuse treatment of adults*

on probation (in 1995). No. NJC1666611. Office of Justice Programs, Bureau of

Justice Statistics.

U.S. Department of Justice. 2003. *2000 Arrestee Drug Abuse Monitoring: Annual*

Report. Office of Justice Programs, National Institute of Justice.

U.S. Department of Justice. 2003. *Probation and parole statistics*. ww.ojp.usdoj.gov/bjs.

APPENDIX B

SUPPLEMENTAL TABLES AND FIGURES

Tables

Table 1.   Treatment/Service Referrals by Service Category, by Point of Entry

Table 2.   ASI Scores and Referrals in Life Areas for Discharged Network Clients,
          by Assessor Rating

Table 3.   Treatment/Service Referrals for Network Clients by Group Assignment

Table 4.   Treatment/Service Referrals, by Service Category, by Group Assignment

Figures

Figure 1.   Percentage of Assessments by Month

Figure 2.   Number of Assessments by Month, by Point of Entry

Figure 3.   Mean ASI Scores, by Month of Entry

Table 1

Table 1 continued

Table 2

Table 3

Table 4, page 1

Table 4 page 2

Figure 1

Figure 2

Figure 3

APPENDIX C

A STATEMENT ON GENDER-SPECIFIC TREATMENT

IN MARICOPA COUNTY

A COMPARISON OF GENDER SPECIFIC AND
NON-GENDER-SPECIFIC TREATMENTS

Gender-specific treatment differs significantly in both philosophy and theory from more traditional modalities that are not gender-specific programs. Non-gender-specific treatment groups are based upon a cognitive-behavioral model that emphasizes faulty thinking patterns leading to negative behaviors and consequences. According to this format, the woman's drug use and criminal behavior are the result of choice and personal decision-making. In contrast, the gender-specific treatment groups have a philosophy of empowering female drug users to understand the concrete differences between men and women. Women have particular issues surrounding children, victimization and self-esteem that impact the drug use and their lives in general. Gender-specific groups use holistic theories as the foundation of the program, meaning they examine the self and one's relationships in a biological, physiological, spiritual and social context.

Another key difference is the focus on drug addiction as a disease. The non-gender- specific treatment models do not use the disease model. Instead, they remain centered on the cognitive-behavioral model. To view drug use as a disease would remove personal responsibility, control and choice from the woman. In comparison, the gender-specific groups do discuss the disease model of addiction, though the extent differs for each therapist. Some of the gender-specific counselors discuss the model and educate the women about it, but do not solely adhere to this model. However, one therapist stated that this model is a high priority because drugs affect women's bodies differently than men, and women must learn how to cope with the disease of drug addiction.

A final difference between non-gender-specific groups and gender-specific programs is in terms of the desired goals and outcomes of the programs. The therapists of non-gender-specific groups stated that the primary goals are to abstain from drug use, attend meetings regularly, comply with probationary rules, and remain arrest free. These groups are "reality based" and the goals reflect the nature of the program and the therapist. While the goals of remaining drug and crime free are important to gender-specific treatment programs, the therapists had a very different opinion of the ideal outcomes of the treatment. Increased self-esteem and empowerment, creation of healthy supports and relationships, development of positive social and coping skills, and improved self-confidence and self-reliance are all important goals of gender-specific programming. One final goal that was clearly important to gender-specific groups is the "understanding of underlying issues leading to drug use" – that goal was never mentioned by the non-gender-specific therapists.

While there are notable differences between the two types of treatment programs, there also are some similarities that must be discussed. First, both groups feel that it is important to create and maintain strong bonds among the women in the group setting. Each therapist stated that they use specific techniques, such as role-playing, in addition to open discussion to develop bonds and connections. The power of the group is emphasized and the women are encouraged to work together and make positive choices together. However, each therapist also stated that the group must have established boundaries so that a respectful and trusting atmosphere can be maintained.

A second similarity between the two groups is a common belief that mixed-gender treatment groups are appropriate for female drug users at some point. All of the therapists agree that mixed-gender treatment programs should not be used early in treatment because the women will try to "protect" the men and will not focus on their own rehabilitation. However, each counselor also stated that mixed-gender groups are beneficial because they allow healthy interactions between the sexes to occur and the participants can "hear the other's side" about various topics. Still, the program must be structured and non-threatening, so each sex feels comfortable discussing more difficult issues.

A final commonality noted is the fact that all of the women in treatment, whether gender-specific or non-gender-specific programs, have barriers to rehabilitation that they must overcome. The therapists stated that the women lack personal and community resources, have a multitude of responsibilities surrounding employment and children, and typically have unhealthy relationships with friends and family who still use drugs. The only thing that differs is the manner in which these problems are addressed within each treatment model and group. Each counselor believes that women have some unique problems that must be worked with and incorporated into the treatment program.

This analysis is informed by interviews with therapists working with female drug-abusing offenders in Maricopa County who receive and treat women participants in the Women's Network. The specific nature of those interviews is summarized in the two sections to follow.

A. GENDER-SPECIFIC TREATMENT GROUPS --- A CONTENT ANALYSIS

Four (4) therapists who conduct gender-specific treatment groups for females were interviewed. These therapists had been working as substance abuse treatment counselors for periods of two to thirteen years. Each therapist also conducted male-only and mixed-sex groups, in addition to the gender-specific programs. Gender responsive treatment had been used by one therapist for three years, while the remaining three groups have only been using this type of treatment for approximately four to twelve months. Each group had open enrollment and met twice per week for three months, after which the women "step-down" to meeting once per week. The average group consists of six (6) to twelve (12) women.

The philosophy and theory of gender-specific treatment was defined by each therapist. In general, each counselor stated that gender-specific treatment deals with specific issues that are unique to women and that must be addressed in a safe, trusting environment. Treatment that is geared toward females must discuss issues of abuse, victimization, parenting, self-esteem and the stigma of being a drug addict. There is a focus on feelings (affect), relationships and "connectedness" within oneself and others in life. In addition, each therapist said that she uses a "holistic" approach as the theoretical foundation of treatment, meaning that biological, psychological, spiritual and societal issues are incorporated into the treatment program. Activities from the Covington workbook are used to address various holistic, relational and traumatic theories and events that may impact a female substance abuser's life. Finally, as one therapist made clear, women have different coping mechanisms and life events than men, and those differences must be recognized and addressed in treatment.

The four (4) primary issues that the Covington model emphasizes are: self, relationships, sexuality and spirituality. Each topic received between two to four weeks of attention, and a scheduled agenda is used to keep the group "on track." The topic is introduced, the problems surrounding it are explained, issues are discussed, and examples are given so the women can understand how certain issues impact their lives. Although each therapist reported use of the Covington workbook, the extent to which it is used differs and thought reports are often used in order to maintain a "solution oriented" direction to the treatment. The women are encouraged to talk openly, and this is facilitated by creating a safe, non-judgmental and mutually trusting environment. Therapists point out that the program is not so structured that "the curriculum has to come first" and individual problems are ignored and not discussed; the gender-specific model allows the therapist and the group to help a woman who has a serious, individual problem. However, one complaint made was that there is not enough time for "processing" a difficult issue once the group is over; any follow-up work is difficult for the therapist.

The disease model of addiction is an important component to the gender-specific model. However, one of the therapists solely adheres to the disease model, while three do not. One counselor stated that the disease model is a high priority to focus on because drugs affect women's bodies differently; there are definite physiological differences. Two therapists stated that they discuss the disease model, but it is incorporated with holistic theories and cognitive behavioral techniques. One individual stated that if the disease model is used it means the women "can't get over it [drug use]" and cannot control their problem. The cognitive model has the women examine the disease of drug

use, but also their thoughts and how their behaviors impact the drug use, because the women …"are adults and are responsible for their behaviors." In the final group, the disease model is explained to the group, but the cognitive behavioral model is the desired theory to discuss. However the women are encouraged to use outside resources like AA/NA that do use the disease model.

The therapists were next asked to explain how they create bonds and connections in the group. Each reportedly tries to create a mutually helping atmosphere through group activities, role playing, and emphasizing "the power of the group." All of the women are given a chance to speak and the therapist must maintain respect, trust and safety in the group sessions.

Another key element to a gender-specific treatment model is the feeling of empowerment that the women create by participating in a program. Each of the four therapists stated that empowering the women is extremely important in their group, as a part of the healing process. By letting go of the shame and guilt of being a drug addict, it "allows the women to move on," build self-esteem and "to get oneself back." The therapists try to build empowerment through affirmations, changing negative societal messages and education. The women are taught how to be self-sufficient and are taught social and "living skills" that they may have never learned before. According to one therapist, women in the United States "sabotage" themselves into thinking that they are no good and are worth nothing. By becoming empowered, the women are able to move past these destructive ideas.

There are phases of treatment that the women must go through before the program is complete, even though the specifics of these phases differ according to each therapist.

One counselor stated that a woman must attend the group regularly, comply with terms of probation, show motivation and participate in the program, and complete the treatment plan. Similarly, another therapist stated that a specific number of sessions must be completed and "time" is all that is needed. However, another therapist stated that the woman must be able to "integrate into society in a positive manner" and take responsibility for her actions. Some goals of treatment are the following: maintain sobriety, develop coping skills, become empowered, abstain from criminal activity, build self-esteem and create a healthy, non-abusive support system.

The counselors use specific techniques to accomplish the goals, such as the collage of self-esteem, body tracing, the Covington workbook, journal writing and role-playing. As one therapist stated, these women have to get rid of the shame and guilt that they feel, in order to make good choices and "understand the underlying issues leading to drug use."

All four of the therapists believe that gender-specific treatment should be expanded throughout the criminal justice system because it allows women to take charge of their lives independently from men, and to see that they are not second-class persons. However, one therapist believes that more "one on ones" are needed with the women, to address their individual problems.

When asked to state some common barriers to treatment that the women face, each of the four counselors provided similar answers. They mentioned the lack of transportation, money, housing, education, and motivation; non-supportive social groups (friends and family who still use drugs); physical and emotional abuse; social stigma, shame and guilt; many life responsibilities; and poor case management in the system. In

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addition, many of these problems cannot be helped in a mixed-sex atmosphere because the women will not share their feelings or discuss more sensitive issues. Women are more emotional than men and their response to difficult issues differs from that of men, who are "tough nuts to crack." Also, according to one therapist, women in mixed groups will try to protect the men, will become co-dependent, and will not focus on their own improvement through treatment. Once the women have learned coping and social skills, they can move on to a group that has both men and women.

There are some components of gender-specific treatment that have not been helpful for the therapists to introduce. For example, in one group the spirituality section is not introduced because the therapist is restricted by the rules of the probation contract. The "fantasy model" is not always appropriate and the sexuality section does not leave alternatives for those who have not been sexually abused. The sexuality section also requires more follow-up and time to process thoughts, because it is such an emotional subject. The therapists are learning how to adjust for "personal readiness" with the various topics.

Finally, the counselors were asked how they keep the focus of treatment on gender responsiveness and how they maintain a positive atmosphere for the group. To emphasize gender-specific ideas, the Covington workbook is used, affect and emotions are discussed often, and a great deal of time is spent working on self-esteem and relationship issues. The therapists have to maintain structure, but they try to relate to the individual and encourage participation. A positive atmosphere is created through fun excursions outside of the group, such as going to the library or roller-skating. Birthdays and graduations are celebrated often. To achieve a successful group, rewards,

affirmations, praising, hugging, listening, and showing respect are required from each of the therapists.

In conclusion, the analysis of the gender-specific treatment groups indicates that (1) the basic philosophy is to address the unique issues women face, using a holistic model; (2) creating bonds, discussing individual needs, and emphasizing empowerment are crucial to the treatment program; (3) female drug users have common barriers to treatment that have to be overcome; and (4) the goals of treatment go beyond maintaining sobriety because the women need to build self-esteem and healthy support systems and to learn positive social skills.

B. NON-GENDER-SPECIFIC TREATMENT GROUPS – A CONTENT ANALYSIS

Two (2) therapists were interviewed who run substance abuse treatment groups that are not gender specific. Each therapist has had between ten and fifteen years of experience as a drug and alcohol abuse counselor. Currently, both therapists run substance abuse groups that are for males only or that are mixed sex (males and females). At one facility, there are also domestic violence, driving under the influence (DUI) and sex offender groups that are offered for males only. There are no groups solely for women at either facility.

The style of treatment and the philosophy underlying the entire treatment program is primarily cognitive behavioral for non-gender-specific treatment programs. The "Franklin Reality Model" is also used as the foundation for treatment. Cognitive behavioral techniques challenge "ideas and faulty thinking" of the clients and the program stresses where an individual's thought processes are not working and what

negative consequences result from those thoughts. The theory of "cognitive restructuring" emphasizes the "here and now" of how choices are made on the basis of one's thinking patterns. The theories are incorporated into treatment through thought reports, hands-on activities, and in one case "psychodramas."

Time is devoted to specific topics such as the substance use, value systems, relationships and family life, and probationary status. However, each session is fairly structured: it begins with a thought report about the topic and then discussion occurs that concerns how "thoughts impact their choices." Open and honest discussions are encouraged through writing exercises and interactive techniques, i.e. a "roadmap" to abstinence. Finally, participants receive homework assignments that address the current topic and that stress accountability and responsible decision making.

Neither of the therapists interviewed viewed drug addiction as a disease, and addiction was not a part of the general treatment model in non-gender-specific groups. The cognitive model focuses on thoughts that occur today, tomorrow, and six months from now – and it stresses that the individual is in control of his/her choices. An AA/12 steps model is not used because it removes individual responsibility, according to one therapist.

When asked how connections and bonds are created among the group members, one therapist stated that close interactions are needed between the staff members so that stereotypes are avoided and the therapist can "meet the client exactly where they are at." The emphasis is on how the group makes choices together in a safe and mutually supportive environment. However, boundaries must also be set as to acceptable behavior within the group setting.

Individual needs are addressed in the groups, even though the cognitive behavioral model and Prop 200 guidelines are structured. Because the group is a "melting pot," different techniques must be used to help the client while working within the cognitive framework. According to one therapist though, the focus "always" comes back to thoughts, choices, and decisions because the model is "reality based" and understanding practical consequences are the key to this type of treatment.

Next, it was asked if the therapist tries to create feelings of empowerment in the group. This was a difficult question to answer because the groups were primarily mixed sex. However, it is important to know each person's struggle and to use the group as a support system. In addition, the clients are encouraged to express feelings, to have a plan of action, and to use the group as "positive peer pressure."

Each group is open-ended, meaning that new clients enter into the program at different points in time. This does make treatment difficult because the groups are not consistent and there is a constant transition occurring. To adjust to these problems, in one group a "veteran" of treatment is assigned to a new person as a mentor, which will help that individual's entrance into the program and possibly increase each person's self esteem. Guidelines also are needed in order to maintain structure in the treatment program.

Some specific techniques and exercises that are used in these non-gender-specific groups are thought reports (a short writing exercise in which a person records his/her thoughts and feelings regarding a particular event or idea), written homework assignments, or journal writing. These are only a few of the examples given, as it was difficult for the therapist to think of all of the exercises used throughout the treatment

program. In general, writing assignments are used to record one's thoughts and to learn how these thoughts relate to future choices.

The structure of the programs is fairly similar. The clients meet twice per week for two to three hours for the first three months of treatment. After that, there is a "step-down" period when the clients meet only one time per week for the next three months. In one program there is an optional three-month period of aftercare. The group size can range from six to twelve people, with an average of eight men and women participating at one time. The therapists' opinions differed as to the phases of treatment that a client must complete before successfully ending the program. One person said that "just time and sessions have to be completed." Contrasting this is another therapist who stated that there are three definite phases: "pre-contemplative," "contemplative," and "post-contemplative," and that the individual must pass through to complete the program. These steps involve understanding what a thought is, recognizing the drug problem, and finally taking steps to correct the problem.

What are the goals of treatment are for each person? The primary response by the therapists was for the client to abstain from drug use ("stay sober"), to get off probation and to attend meetings regularly. In addition, the therapists said that it is important for the person to identify problem areas of life, enact change and become in control of his/her own choices and decisions.

Each of the treatment providers indicated that there is a need for gender-specific treatment programs throughout the criminal justice system. They stated that males and females have different issues that impact sobriety, and it needs to be recognized that there are cultural and social differences between men and women. Some examples of issues

that may be unique to women are the presence of children, lack of employment and education, lack of money and transportation, poor relationships with men and abusive histories and sexuality. It is believed that "a holistic program" is needed for females in substance abuse programs.

There are also similar barriers to recovery that female drug users must face. There is a definite lack of community resources and quality treatment programs. Each therapist stated that dysfunctional relationships with family and friends who use drugs are major obstacles to successful treatment. In addition, the lack of familial supports, monetary resources and empowerment, combined with the stigma of drug addiction makes treatment especially difficult for this population.

The therapists were then asked to state some of the problems that may be unique to female-only groups. While both previously stated that gender-specific treatment is necessary in criminal justice programming, one therapist now maintained that there is too much emphasis on gender and that leads to confusion. According to this person, men and women have the same goals, "so why stress gender?" However, the second treatment provider believes that women do not express their feelings as openly with men present and that there is a sexual tension in the mixed groups. This individual believes that there are different emotional and practical issues for males and females that can best be addressed in single sex/gender specific programs.

The possibility of males benefiting from gender-specific treatment was next discussed in the interview. It is believed that men and women do have similar issues to deal with, but the approach will be different for each gender. For example, the therapists stated that women are more emotional and respond better to work dealing with feelings,

while men like concrete and tactical work. The therapists also indicated that females may have different societal and cultural burdens than males and that, as a result, the emphasis for women must be on "empowerment as individuals" whereas the emphasis for men should focus on "who they are" in society. However, both therapists believe that treatment in mixed groups can be beneficial for men and women, though not at the beginning of treatment. Mixed groups can be helpful because they allow healthy interactions between the sexes to occur and they allow different perspectives or "the other side" to be heard.

Finally, it was asked if any gender-specific ideas have been incorporated into the current treatment program. In one group, the Covington model had been introduced in connection with the cognitive model, so that emotional issues are addressed while still focusing on practical life applications of treatment. In the second group, gender-specific tenets have been introduced into male only, sex offender groups because there are no individualized programs for women. According to the therapist, substance abuse treatment is not "role driven" therefore, there is no need for gender specificity to be incorporated, unless topics of abuse arise.

In conclusion, these two interviews suggest that (1) the theoretical foundation of the treatment groups is cognitive behavioral, which stresses "bad thinking" leading to "bad choices;" (2) drug addiction is not viewed as a disease; (3) common barriers to treatment include a general lack of personal and community resources; (4) the goals of treatment are to abstain from drug use and to become responsible for decisions made; and (5) males and females have different issues with which to cope and different approaches

must be used in treatment, even though there is a disagreement as to whether *gender-specific* treatment is truly necessary.